

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.

For Our Future

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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 in the State of

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

Election on 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.

Bidel-Niyat, Shirin, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Bidel-Niyat, Shirin, , ,* [Electronically Filed] Date 01 / 27 / 2017

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

For Our Future

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" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2053723.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14316973.47"/>	<input type="text" value="48661117.92"/>
(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="16370696.87"/>	<input type="text" value="48661117.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14270703.37"/>	<input type="text" value="46561124.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2099993.50"/>	<input type="text" value="2099993.50"/>
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="470110.85"/>	

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

For Our Future

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	280400.00	19741379.46
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	280400.00	19741379.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	13705474.00	27713591.67
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13985874.00	47454971.13
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).....	330895.52	866146.79
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	203.95	340000.00
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)).....▶	14316973.47	48661117.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14316973.47	48661117.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	6935354.78	15516222.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6935354.78	15516222.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1405871.07	4865803.73
24. Independent Expenditures (use Schedule E)	5429359.76	8119629.39
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).....	500117.76	18059468.62
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)) ..	14270703.37	46561124.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14270703.37	46561124.42

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)	13985874.00	47454971.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13985874.00	47454971.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6935354.78	15516222.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	330895.52	866146.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6604459.26	14650075.89

**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 529
	<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)
For Our Future

A. AFSCME Special Account

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

Mailing Address 1625 L St NW

City Washington	State DC	Zip Code 20036-5665
--------------------	-------------	------------------------

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 ▼
5501479.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : VSH7WE65EQ9

Amount of Each Receipt this Period
250000.00

Memo Item

B. Field, Mark, , ,

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

Mailing Address 12220 Everglade St

City Los Angeles	State CA	Zip Code 90066-1933
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : VSH7WE65ER7

Amount of Each Receipt this Period
2000.00

Memo Item

C. Progress Florida

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

Mailing Address 1010 Central Ave
Apt 209

City Saint Petersburg	State FL	Zip Code 33705-6653
--------------------------	-------------	------------------------

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 ▼
28400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : VSH7WE65EVO

Amount of Each Receipt this Period
28400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	280400.00
TOTAL This Period (last page this line number only).....	280400.00

**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 529
<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)
For Our Future

A. NEA Advocacy Fund

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

Mailing Address 1201 16Th St NW
Ste 418

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00489815

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2282500.00

Date of Receipt
10 / 20 / 2016

Transaction ID : VSH7WE65EY4

Amount of Each Receipt this Period
190000.00

Memo Item

B. NEXTGEN CLIMATE ACTION COMMITTEE

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

Mailing Address 700 13Th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000000.00

Date of Receipt
10 / 20 / 2016

Transaction ID : VSH7WE65EX6

Amount of Each Receipt this Period
1000000.00

Memo Item

C. NEXTGEN CLIMATE ACTION COMMITTEE

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

Mailing Address 700 13Th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000000.00

Date of Receipt
10 / 26 / 2016

Transaction ID : VSH7WE65EZ2

Amount of Each Receipt this Period
7800000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8990000.00
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 8 OF 529
<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)
For Our Future

A. NEXTGEN CLIMATE ACTION COMMITTEE

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

Mailing Address 700 13Th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2016

Transaction ID : VSH7WE65EW8

Amount of Each Receipt this Period
4700000.00

Memo Item

B. SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

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

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

FEC ID number of contributing federal political committee. **C** C00004036

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
56091.67

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2016

Transaction ID : VSH7WE7GS33

Amount of Each Receipt this Period
15474.00

Memo Item

* In-Kind: Staff Salaries and Benefits

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

SUBTOTAL of Receipts This Page (optional).....▶	4715474.00
TOTAL This Period (last page this line number only).....▶	13705474.00

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

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

FOR LINE NUMBER: PAGE 9 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt **10 / 21 / 2016**
Transaction ID : VSH7WE65DS2
 Amount of Each Receipt this Period 17.09
 Memo Item
 Refund

B. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt **10 / 27 / 2016**
Transaction ID : VSH7WE65DT0
 Amount of Each Receipt this Period 17.09
 Memo Item
 Refund

C. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt **11 / 02 / 2016**
Transaction ID : VSH7WE65DV7
 Amount of Each Receipt this Period 124.95
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional)..... ▶ 159.13
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 10 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼
 2947.40

Date of Receipt
 11 / 03 / 2016
Transaction ID : VSH7WE65DW5
 Amount of Each Receipt this Period
 33.88
 Memo Item
 Refund

B. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼
 2947.40

Date of Receipt
 11 / 03 / 2016
Transaction ID : VSH7WE65DX3
 Amount of Each Receipt this Period
 33.88
 Memo Item
 Refund

C. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼
 2947.40

Date of Receipt
 11 / 07 / 2016
Transaction ID : VSH7WE65DY1
 Amount of Each Receipt this Period
 43.93
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional).....▶ 111.69
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 11 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : VSH7WE65DZ9
 Amount of Each Receipt this Period
 16.94
 Memo Item
 Refund

B. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2016
Transaction ID : VSH7WE65E07
 Amount of Each Receipt this Period
 26.99
 Memo Item
 Refund

C. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 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 ▼ 2947.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2016
Transaction ID : VSH7WE65E15
 Amount of Each Receipt this Period
 26.99
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.92
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 12 OF 529
<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)
For Our Future

A. Amazon

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

Mailing Address 345 Boren Ave N

City Seattle	State WA	Zip Code 98109-5306
-----------------	-------------	------------------------

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 ▼
2947.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2016

Transaction ID : VSH7WE65E23

Amount of Each Receipt this Period
36.38

Memo Item

Refund

B. Amazon

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

Mailing Address 345 Boren Ave N

City Seattle	State WA	Zip Code 98109-5306
-----------------	-------------	------------------------

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 ▼
2947.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

Transaction ID : VSH7WE65E31

Amount of Each Receipt this Period
29.47

Memo Item

Refund

C. Amtrak

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

Mailing Address 60 Massachusetts Ave NE

City Washington	State DC	Zip Code 20002-4285
--------------------	-------------	------------------------

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 ▼
424.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : VSH7WE65EM5

Amount of Each Receipt this Period
71.20

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	137.05
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 13 OF 529
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Enterprise Rent-A-Car			Date of Receipt
Mailing Address 200 W Beltline Hwy			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSH7WE65EB4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>		Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Enterprise Rent-A-Car			Date of Receipt
Mailing Address 200 W Beltline Hwy			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSH7WE65EC2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="203.99"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>		Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Enterprise Rent-A-Car			Date of Receipt
Mailing Address 200 W Beltline Hwy			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSH7WE65ED0
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="35.50"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>		Refund

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="389.49"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 14 OF 529
<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)
For Our Future

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Enterprise Rent-A-Car		Date of Receipt
Mailing Address 200 W Beltline Hwy		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65EE8
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="35.50"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>	Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Enterprise Rent-A-Car		Date of Receipt
Mailing Address 200 W Beltline Hwy		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65EF5
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="101.52"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>	Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Enterprise Rent-A-Car		Date of Receipt
Mailing Address 200 W Beltline Hwy		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Madison	State WI	Zip Code 53713-2685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65EG3
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="926.45"/>	Refund

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="287.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Enterprise Rent-A-Car
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W Beltline Hwy
 City Madison State WI Zip Code 53713-2685
 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 ▼ 926.45

Date of Receipt 11 / 10 / 2016
Transaction ID : VSH7WE65EH1
 Amount of Each Receipt this Period 249.94
 Memo Item
 Refund

B. Fieldworks LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9897
 City Washington State DC Zip Code 20016-8897
 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 ▼ 100000.00

Date of Receipt 11 / 07 / 2016
Transaction ID : VSH7WE65EJ9
 Amount of Each Receipt this Period 100000.00
 Memo Item
 Refund

C. Hotels.Com
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Lbj Fwy Ste 500
 City Dallas State TX Zip Code 75240-1019
 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 ▼ 1521.87

Date of Receipt 10 / 21 / 2016
Transaction ID : VSH7WE65E56
 Amount of Each Receipt this Period 236.16
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional).....▶ 100486.10
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 16 OF 529
<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)
For Our Future

A. Image Plus Graphics, Inc.

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

Mailing Address 1440 NE 131St St

City North Miami	State FL	Zip Code 33161-4424
---------------------	-------------	------------------------

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 ▼
17922.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : VSH7WE65ET2

Amount of Each Receipt this Period
17922.50

Memo Item

Refund

B. JVA Campaigns LLC

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

Mailing Address 240 N 5Th St
Ste 360

City Columbus	State OH	Zip Code 43215-2600
------------------	-------------	------------------------

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 ▼
128489.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : VSH7WE65EK7

Amount of Each Receipt this Period
128489.21

Memo Item

Refund

C. Mack-Sumner Communications, LLC

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

Mailing Address 2001 N Beaugard St
Ste 420

City Alexandria	State VA	Zip Code 22311-1750
--------------------	-------------	------------------------

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 ▼
563115.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : VSH7WE67EE3

Amount of Each Receipt this Period
33956.62

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	180368.33
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 17 OF 529
<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)
For Our Future

A. Mission Control

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

Mailing Address 624 Hebron Ave
Ste 200

City Glastonbury State CT Zip Code 06033-5006

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 ▼
48040.44

Date of Receipt
MM / DD / YYYY
11 / 02 / 2016

Transaction ID : VSH7WE65DN0

Amount of Each Receipt this Period
48040.44

Memo Item

Refund

B. Paychex

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

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

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 ▼
506.87

Date of Receipt
MM / DD / YYYY
10 / 24 / 2016

Transaction ID : VSH7WE65E64

Amount of Each Receipt this Period
4.02

Memo Item

Refund

C. Paychex

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

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

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 ▼
506.87

Date of Receipt
MM / DD / YYYY
10 / 28 / 2016

Transaction ID : VSH7WE65E72

Amount of Each Receipt this Period
485.38

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	48529.84
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 18 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. USPS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Connecticut Ave NW
 City Washington State DC Zip Code 20036-5303
 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 ▼
 298.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2016
Transaction ID : VSH7WE65ES4
 Amount of Each Receipt this Period
 298.35
 Memo Item
 Refund

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

SUBTOTAL of Receipts This Page (optional).....▶	298.35
TOTAL This Period (last page this line number only).....▶	330837.92

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

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

FOR LINE NUMBER: PAGE 19 OF 529
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amalgamated Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 K St NW
 City Washington State DC Zip Code 20006-1245
 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 ▼ 300.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : VSH7WE65E98
 Amount of Each Receipt this Period
 203.95
 Memo Item
 Interest

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

SUBTOTAL of Receipts This Page (optional).....▶	203.95
TOTAL This Period (last page this line number only).....▶	203.95

**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)
For Our Future

A. 1528 Walnut Limited Partnership

Full Name (Last, First, Middle Initial)

Mailing Address 100 S Broad St
Ste 1300

City Philadelphia State PA Zip Code 19110-1004

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period: 4610.38

Memo Item

B. 791 E. McMillan LLC

Full Name (Last, First, Middle Initial)

Mailing Address 791 E McMillan St
Ste 210A

City Cincinnati State OH Zip Code 45206-1938

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period: 735.00

Memo Item

C. A For The People Insurance Agency Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2514 Wylie Ave

City Pittsburgh State PA Zip Code 15219-4500

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period: 700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6045.38

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)
For Our Future

A. Activate Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15Th St NW
Ste 180

City Washington State DC Zip Code 20005-1503

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9!

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. Activate Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15Th St NW
Ste 180

City Washington State DC Zip Code 20005-1503

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9!

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Adams Catering

Full Name (Last, First, Middle Initial)

Mailing Address 14080 NW 22Nd Ave

City Opa Locka State FL Zip Code 33054-4144

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 3215.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19215.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. AFSCME Council 32			Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 8033 Excelsior Dr				
City Madison	State WI	Zip Code 53717-2900	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Telephone Services			Transaction ID : VSG8M9VMH	
Candidate Name			Amount of Each Disbursement this Period 186.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. AFSCME Council 32			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 8033 Excelsior Dr				
City Madison	State WI	Zip Code 53717-2900	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Printing - Meeting Packets			Transaction ID : VSG8M9VMH	
Candidate Name			Amount of Each Disbursement this Period 1085.07	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Amalgamated Bank			Date of Disbursement MM / DD / YYYY 11 / 25 / 2016	
Mailing Address 1825 K St NW				
City Washington	State DC	Zip Code 20006-1245	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Bank Fees			Transaction ID : VSG8M9VK9	
Candidate Name			Amount of Each Disbursement this Period 26.71	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	1298.53
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amalgamated Bank

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement Bank Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 25 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VK9
Amount of Each Disbursement this Period: 902.76

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Equipment
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VK9
Amount of Each Disbursement this Period: 999.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period: 28.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1930.56

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 100.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Equipment		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 55.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 244.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	399.99
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 302.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 302.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 302.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 906.24
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 67.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 67.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 85.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	221.55
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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

118.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

120.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

135.60

Memo Item

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

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

374.26

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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 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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

135.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

135.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

171.90

Memo Item

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

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

443.10

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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 846.20
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB. Amount of Each Disbursement this Period 85.74
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period 109.80
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1041.74
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 244.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 244.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 1116.04
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1604.04
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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			25			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
[REDACTED] 2906.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			26			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period
[REDACTED] 122.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			26			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
[REDACTED] 244.00

Memo Item

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

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

[REDACTED]	3272.67
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[REDACTED]	
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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9!
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 11.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA!
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 31.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB!
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 37.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	80.91
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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKB**

Amount of Each Disbursement this Period: 60.87

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKB**

Amount of Each Disbursement this Period: 60.87

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKB**

Amount of Each Disbursement this Period: 60.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 182.61

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 60.87
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 77.81
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 77.81
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 216.49
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 77.81

Memo Item

B. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 17.77

Memo Item

C. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 17.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 113.40

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period

17.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period

17.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period

17.94

Memo Item

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

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

53.74

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period [REDACTED] 17.94
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period [REDACTED] 22.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period [REDACTED] 22.10
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 62.12
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 22.10

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 27.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 35.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 84.82

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period [REDACTED] 36.06
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 36.38
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 71.66
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 144.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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)
For Our Future

A. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 73.40

Memo Item

B. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 109.00

Memo Item

C. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period: 13.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 195.48

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKA**

Amount of Each Disbursement this Period: 13.08

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKA**

Amount of Each Disbursement this Period: 13.08

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKA**

Amount of Each Disbursement this Period: 13.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 39.24

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

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	39.26
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

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 15.73
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	41.91
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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 15.73

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 15.78

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 18.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.49

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 19.59

Memo Item

Full Name (Last, First, Middle Initial)
B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 21.93

Memo Item

Full Name (Last, First, Middle Initial)
C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 21.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 63.50

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA! Amount of Each Disbursement this Period 22.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA! Amount of Each Disbursement this Period 22.21
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA! Amount of Each Disbursement this Period 24.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	68.37
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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

[REDACTED] 42.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

[REDACTED] 43.93

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

[REDACTED] 52.46

Memo Item

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

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

[REDACTED] 138.73

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB/ Amount of Each Disbursement this Period [REDACTED] 60.87
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB/ Amount of Each Disbursement this Period [REDACTED] 63.42
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB/ Amount of Each Disbursement this Period [REDACTED] 110.19
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 234.48
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Event Supplies	Candidate Name	Amount of Each Disbursement this Period 14.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Event Supplies	Candidate Name	Amount of Each Disbursement this Period 17.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Event Supplies	Candidate Name	Amount of Each Disbursement this Period 7.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 007	

SUBTOTAL of Disbursements This Page (optional).....▶	40.38
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)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period [REDACTED] 326.10	
City Dallas	State TX	Zip Code 75261-9616	Category/ Type 002
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 432.70	
City Dallas	State TX	Zip Code 75261-9616	Category/ Type 002
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 704.70	
City Dallas	State TX	Zip Code 75261-9616	Category/ Type 002
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1463.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 379.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 378.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 93.10
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

850.50

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)
For Our Future

A. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT!

Amount of Each Disbursement this Period: 149.10

Memo Item

B. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT!

Amount of Each Disbursement this Period: 251.10

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT!

Amount of Each Disbursement this Period: 261.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 661.40

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)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 336.10	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 392.70	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 392.70	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

1121.50

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)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 421.00
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 491.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 521.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1433.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 582.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO Box 619616		FEC Identification Number C Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 261.10
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Unions Embroidery And Screen Printing, Inc.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 123 Swiggum Rd		FEC Identification Number C Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 472.92
City Westby	State WI	
Zip Code 54667-8187	Purpose of Disbursement Printing - Banners, No Express Advocacy	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1316.22
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)
For Our Future

Full Name (Last, First, Middle Initial) A. American Unions Embroidery And Screen Printing, Inc.			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 123 Swiggum Rd			FEC Identification Number C [REDACTED]	
City Westby	State WI	Zip Code 54667-8187	Transaction ID : VSG8M9VMH	
Purpose of Disbursement Printing - Rally Signs, No Express Advocacy		Category/ Type 004	Amount of Each Disbursement this Period 810.63	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 60 Massachusetts Ave NE			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20002-4285	Transaction ID : VSG8M9VKV	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 233.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Amtrak			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 60 Massachusetts Ave NE			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20002-4285	Transaction ID : VSG8M9VKV	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 48.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	1091.63
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 55.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 89.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 137.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

281.00

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/Type 002	Amount of Each Disbursement this Period 137.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/Type 002	Amount of Each Disbursement this Period 144.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/Type 002	Amount of Each Disbursement this Period 89.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV! Amount of Each Disbursement this Period 178.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Analyst Institute, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 815 16Th St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC! Amount of Each Disbursement this Period 7500.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Data Analysis Consulting Services		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Angle Mastagni Mathews Political Strategies, LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 507 N Sylvania Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH- Amount of Each Disbursement this Period 121948.36
City Fort Worth	State TX	Zip Code 76111-2317
Purpose of Disbursement Data Analysis Consulting Services		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	129626.36
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Anthony, Lardon, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 18824 NW 32Nd Pl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 1215.00	
City Miami Gardens	State FL	Zip Code 33056-3035	Category/ Type 007
Purpose of Disbursement Catering for Event		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. AP Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 345 Huron Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period 15000.00	
City Cambridge	State MA	Zip Code 02138-6830	Category/ Type 001
Purpose of Disbursement Communications Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Arwa, Garrett, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 425 Massachusetts Ave NW Apt 309		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 267.76	
City Washington	State DC	Zip Code 20001-7615	Category/ Type 002
Purpose of Disbursement Reimbursement - Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

16482.76

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Asana		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1550 Bryant St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City San Francisco	State CA	Zip Code 94103-4832
Purpose of Disbursement Project Management Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Asana		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1550 Bryant St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKCI
City San Francisco	State CA	Zip Code 94103-4832
Purpose of Disbursement Project Management Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Asian Journal Publications		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 3700 W Desert Inn Rd Ste A		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VQ7
City Las Vegas	State NV	Zip Code 89102-8377
Purpose of Disbursement Newspaper Advertisement, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period -2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	-1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address PO Box 6463		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Carol Stream	State IL	Zip Code 60197-6463
Purpose of Disbursement Telecommunications Services	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 6463		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Carol Stream	State IL	Zip Code 60197-6463
Purpose of Disbursement Telecommunications Services	Candidate Name	Amount of Each Disbursement this Period 54.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO Box 6463		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Carol Stream	State IL	Zip Code 60197-6463
Purpose of Disbursement Telecommunications Services	Candidate Name	Amount of Each Disbursement this Period 138.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	292.80
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)
For Our Future

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6463

City
Carol Stream

State
IL

Zip Code
60197-6463

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Battle Born Progress

Mailing Address 2657 Windmill Pkwy
619

City
Henderson

State
NV

Zip Code
89074-3384

Purpose of Disbursement
Communications Consulting Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bauman, Brad, , ,

Mailing Address 1030 15Th St NW
Ste 180

City
Washington

State
DC

Zip Code
20005-1503

Purpose of Disbursement
Reimbursement - Travel, Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VMS
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Avis		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 7135 Gilespie St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period 1179.58
City Las Vegas	State NV	Zip Code 89119-4267
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Elara Hilton Grand Vacations		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 80 E Harmon Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period 1520.21
City Las Vegas	State NV	Zip Code 89109-4539
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Bauman, Brad, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 15Th St NW Ste 180		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period 980.82
City Washington	State DC	Zip Code 20005-1503
Purpose of Disbursement Reimb. - Food for Event, Travel, Event Supplies	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

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

980.82

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Best Buy

Full Name (Last, First, Middle Initial)

Mailing Address 3100 14Th St NW
City Washington State DC Zip Code 20010-2415

Purpose of Disbursement Event Supplies
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period: 32.43

Memo Item

B. Canyon Coach Lines

Full Name (Last, First, Middle Initial)

Mailing Address 3525 W Hacienda Ave
City Las Vegas State NV Zip Code 89118-1730

Purpose of Disbursement Travel
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period: 556.20

Memo Item

C. Little Caesar's

Full Name (Last, First, Middle Initial)

Mailing Address 1360 W Cheyenne Ave
City North Las Vegas State NV Zip Code 89030-7833

Purpose of Disbursement Food for Event
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period: 270.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Beverly Crawford Ministries

Mailing Address 3015 NE 15Th St

City
Gainesville

State
FL

Zip Code
32609-3166

Purpose of Disbursement
Event Speaking Fee

007

Category/
Type

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
10			21			2016			

FEC Identification Number

C []
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
[] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blanco, Artie, , ,

Mailing Address 9342 Summer Rain Dr.

City
Las Vegas

State
NV

Zip Code
89134

Purpose of Disbursement
Reimb. - Food/Beverage, Office Equipment, Advertising

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C []
Transaction ID : VSG8M9VMK
Amount of Each Disbursement this Period
[] 992.67

Memo Item

Full Name (Last, First, Middle Initial)

C. Best Buy

Mailing Address 3100 14Th St NW
NW

City
Washington

State
DC

Zip Code
20010-2415

Purpose of Disbursement
Office Equipment

001

Category/
Type

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
10			24			2016			

FEC Identification Number

C []
Transaction ID : VSG8M9VMK
Amount of Each Disbursement this Period
[] 367.70

Memo Item

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

2492.67

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

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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 222 S Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 212.80
City Las Vegas	State NV	Zip Code 89106-4305
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1 Hacker Way		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 254.40
City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Disbursement Digital Advertising - Recruitment	Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Blanco, Artie, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 9342 Summer Rain Dr.		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 1972.34
City Las Vegas	State NV	Zip Code 89134
Purpose of Disbursement Reimb. - Office Supplies, Food/Beverage, Postage, Travel	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1972.34
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Costco

Mailing Address 222 S Martin L King Blvd

City Las Vegas State NV Zip Code 89106-4305

Purpose of Disbursement Food/Beverage
Candidate Name
Category/Type **001**

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
870.20

Memo Item

Full Name (Last, First, Middle Initial)

B. CVS Pharmacy

Mailing Address 1426 West Lake Mead

City Las Vegas State NV Zip Code 89106-2431

Purpose of Disbursement Food/Beverage
Candidate Name
Category/Type **001**

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
188.42

Memo Item

Full Name (Last, First, Middle Initial)

C. National Car Rental

Mailing Address 4000 International Ln

City Madison State WI Zip Code 53704-3134

Purpose of Disbursement Travel
Candidate Name
Category/Type **002**

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
52.53

Memo Item

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

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

0.00

**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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6600 N Military Trl

City
Boca Raton

State
FL

Zip Code
33496-2434

Purpose of Disbursement
Office Supplies

001
Category/
Type

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
10			31			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
64.87

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001
Category/
Type

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
10			31			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VMK
Amount of Each Disbursement this Period
27.94

Memo Item

Full Name (Last, First, Middle Initial)

C. Blanco, Artie, , ,

Mailing Address 9342 Summer Rain Dr.

City
Las Vegas

State
NV

Zip Code
89134

Purpose of Disbursement
Reimbursement - Food/Beverage

001
Category/
Type

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
11			07			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VMK
Amount of Each Disbursement this Period
486.78

Memo Item

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

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

486.78

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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 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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Costco

Mailing Address 222 S Martin L King Blvd

City Las Vegas State NV Zip Code 89106-4305

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VMK
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research Services

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKCI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research Services

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research Services

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research Services

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKCI
Amount of Each Disbursement this Period
7000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research Services

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
161.69

Memo Item

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

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

12161.69

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Bouchard Gold Communications

Mailing Address 1617 W 6Th St
Ste B

City Austin State TX Zip Code 78703-5080

Purpose of Disbursement
Travel Expenses

002

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMN
Amount of Each Disbursement this Period
862.77

Memo Item

Full Name (Last, First, Middle Initial)

B. Bouchard Gold Communications

Mailing Address 1617 W 6Th St
Ste B

City Austin State TX Zip Code 78703-5080

Purpose of Disbursement
Direct Mail Services - No Express Advocacy

004

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMN
Amount of Each Disbursement this Period
33138.23

Memo Item

Full Name (Last, First, Middle Initial)

C. Bridgestreet Corporate Housing

Mailing Address 11180 Sunrise Valley Dr
Ste 400

City Reston State VA Zip Code 20191-4367

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
1341.15

Memo Item

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

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

35342.15

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. Bright House Networks		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 31710		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City Tampa	State FL	Zip Code 33631-3710	Amount of Each Disbursement this Period [REDACTED] 199.28
Purpose of Disbursement Utilities		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bright House Networks		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address PO Box 31710		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City Tampa	State FL	Zip Code 33631-3710	Amount of Each Disbursement this Period [REDACTED] 28.08
Purpose of Disbursement Utilities		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bright House Networks		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address PO Box 31710		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City Tampa	State FL	Zip Code 33631-3710	Amount of Each Disbursement this Period [REDACTED] 199.28
Purpose of Disbursement Utilities		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 426.64
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Broadway Social		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 217 Broadway		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 378.00	
City Bethlehem	State PA	Zip Code 18015-1507	Category/ Type 001
Purpose of Disbursement Food/Beverage			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BSD 18 LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2618 NE 191St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 1850.00	
City Miami	State FL	Zip Code 33180-2632	Category/ Type 001
Purpose of Disbursement Rent			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BSD 18 LLC		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2618 NE 191St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 2590.00	
City Miami	State FL	Zip Code 33180-2632	Category/ Type 001
Purpose of Disbursement Rent			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	4818.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Caesars Party Rentals

Full Name (Last, First, Middle Initial)

Mailing Address 275 Boulder Hwy #14

City Las Vegas State NV Zip Code 89122

Purpose of Disbursement
Voided Check from 10/18/2016

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNTI

Amount of Each Disbursement this Period: -520.00

Memo Item

B. Caesars Party Rentals

Full Name (Last, First, Middle Initial)

Mailing Address 275 Boulder Hwy #14

City Las Vegas State NV Zip Code 89122

Purpose of Disbursement
Event Equipment Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS1

Amount of Each Disbursement this Period: 260.00

Memo Item

C. CAL KAR LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3245 E 5Th Ave

City Columbus State OH Zip Code 43219-2807

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKC

Amount of Each Disbursement this Period: 1450.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1190.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Campaign Associates, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 223250		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT	
City Hollywood	State FL	Zip Code 33022-3250	Amount of Each Disbursement this Period [REDACTED] 4343.28
Purpose of Disbursement Printing - T-Shirts, No Express Advocacy		Category/ Type 004	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Campaign Associates, Inc.		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address PO Box 223250		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT	
City Hollywood	State FL	Zip Code 33022-3250	Amount of Each Disbursement this Period [REDACTED] 698.70
Purpose of Disbursement Printing - Stickers, No Express Advocacy		Category/ Type 004	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Carmi Family Restaurant		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 917 Western Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS	
City Pittsburgh	State PA	Zip Code 15233-1717	Amount of Each Disbursement this Period [REDACTED] 439.36
Purpose of Disbursement Food for Event		Category/ Type 007	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5481.34
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Catalyst

Mailing Address 1090 Vermont Ave NW
Ste 300

City
Washington

State
DC

Zip Code
20005-4966

Purpose of Disbursement
Data Research Services

001

Category/
Type

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
10			25			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
[REDACTED] 22805.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Catalyst

Mailing Address 1090 Vermont Ave NW
Ste 300

City
Washington

State
DC

Zip Code
20005-4966

Purpose of Disbursement
Data Research Services

001

Category/
Type

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
10			27			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
[REDACTED] 12376.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Centaur North Strategies

Mailing Address PO Box 1474

City
Whittier

State
CA

Zip Code
90609-1474

Purpose of Disbursement
Printing - Direct Mail, IE Disclosed on Schedule E

004

Category/
Type

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
10			20			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VQ7
Amount of Each Disbursement this Period
[REDACTED] -6614.40

Memo Item

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

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

28566.76

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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period -9921.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period -1477.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period -2462.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	-13861.11
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Transaction ID : VSG8M9VQ7I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -5909.27
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Chapman, Jeremiah, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 4426 Meridian Dr		FEC Identification Number C [REDACTED]
City Charlotte	State NC	Zip Code 28216-2320
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Transaction ID : VSG8M9VMW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Charter Communications		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address PO Box 3019		FEC Identification Number C [REDACTED]
City Milwaukee	State WI	Zip Code 53201-3019
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Transaction ID : VSG8M9VKD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 138.12
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	-771.15
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 102.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 119.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 87.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	309.83
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)
For Our Future

A. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 117.56

Memo Item

B. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD!

Amount of Each Disbursement this Period: 117.56

Memo Item

C. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 117.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 352.68

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 118.67	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 118.67	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 119.66	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

[REDACTED] 357.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period 119.78
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period 119.78
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period 162.26
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	401.82
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 162.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 163.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Christ And Saint Ambrose Episcopal Church		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 3552 N 6Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VJS
City Philadelphia	State PA	Zip Code 19140-4506
Purpose of Disbursement Voided Check from 9/28/2016	Candidate Name	Amount of Each Disbursement this Period [REDACTED] -341.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 007	

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

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

[REDACTED] -15.72
[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)
For Our Future

A. Christ And Saint Ambrose Episcopal Church

Full Name (Last, First, Middle Initial)

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 341.00

Memo Item

B. Christ And Saint Ambrose Episcopal Church

Full Name (Last, First, Middle Initial)

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKDI

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Coleman, Edward, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 759 Princeton PI NW

City Washington State DC Zip Code 20010-1606

Purpose of Disbursement Data Analysis Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 6500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7341.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Columbus Hospitality, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 33 E Nationwide Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD Amount of Each Disbursement this Period 2700.00
City Columbus	State OH	Zip Code 43215-2512
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI Amount of Each Disbursement this Period 341.40
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD Amount of Each Disbursement this Period 799.55
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3840.95
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 165.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 394.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 551.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1112.51
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address One Comcast Center 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Telecommunications Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2016

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
719.05

Memo Item

Full Name (Last, First, Middle Initial)

B. Cox Communications

Mailing Address 6205B Peachtree Dunwoody Rd

City Atlanta State GA Zip Code 30328-4524

Purpose of Disbursement Telecommunications Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
1263.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Cox Communications

Mailing Address 6205B Peachtree Dunwoody Rd

City Atlanta State GA Zip Code 30328-4524

Purpose of Disbursement Telecommunications Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
881.94

Memo Item

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

2864.29

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Cox Communications		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 6205B Peachtree Dunwoody Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 300.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CRI Digital		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 4800 Evanswood Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Columbus	State OH	Zip Code 43229-6207
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Crossroads Land Company		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 333 S Main St Ste 207		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Akron	State OH	Zip Code 44308-1202
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3700.47
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)
For Our Future

A. Data Farm Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 12932 W Glacier Dr

City Evansville State WI Zip Code 53536-9389

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 38700.36

Memo Item

B. Data Farm Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 12932 W Glacier Dr

City Evansville State WI Zip Code 53536-9389

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 4835.50

Memo Item

C. Data Farm Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 12932 W Glacier Dr

City Evansville State WI Zip Code 53536-9389

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 6250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 49785.86

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City
Evansville

State
WI

Zip Code
53536-9389

Purpose of Disbursement
Data Research Services

001

Category/
Type

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
1	1		0	2		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period

[REDACTED] 9315.29

Memo Item

Full Name (Last, First, Middle Initial)

B. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City
Evansville

State
WI

Zip Code
53536-9389

Purpose of Disbursement
Data Research Services

001

Category/
Type

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
1	1		0	7		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period

[REDACTED] 3592.65

Memo Item

Full Name (Last, First, Middle Initial)

C. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City
Evansville

State
WI

Zip Code
53536-9389

Purpose of Disbursement
Data Research Services

001

Category/
Type

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
1	1		0	8		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period

[REDACTED] 2562.40

Memo Item

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

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

[REDACTED] 15470.34

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Data Farm Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Evansville	State WI	Zip Code 53536-9389
Purpose of Disbursement Data Research Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 3384.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dave's Supermarket		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 3301 Payne Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKTf
City Cleveland	State OH	Zip Code 44114-4313
Purpose of Disbursement Food for Event		Category/Type 007
Candidate Name		Amount of Each Disbursement this Period 5200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Davis, Malcolm, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 3139 NW 49Th Street,		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX
City Miami	State FL	Zip Code 33142-3420
Purpose of Disbursement DJ Services for Event		Category/Type 007
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	9084.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 576.20
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 530.70
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 144.10
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1251.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 116.60
City Atlanta	State GA	
Zip Code 30354-1989		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 647.20
City Atlanta	State GA	
Zip Code 30354-1989		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKVI Amount of Each Disbursement this Period 1198.70
City Atlanta	State GA	
Zip Code 30354-1989		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1962.50

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 1198.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 1198.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 649.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3046.60
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)
For Our Future

A. Delta

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKV

Amount of Each Disbursement this Period: 1048.70

Memo Item

B. Delta

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 421.00

Memo Item

C. Dhir, Nimit, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2140 E Pebble Rd Ste 260

City Las Vegas State NV Zip Code 89123-3237

Purpose of Disbursement Reimbursement - Mileage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period: 132.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1602.54

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Dhir, Nimit, , ,			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2140 E Pebble Rd Ste 260			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period 814.59	
City Las Vegas	State NV	Zip Code 89123-3237	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimb. - Food for Event, Travel		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Lee's Sandwiches			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 3989 Spring Mountain Rd			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMYI Amount of Each Disbursement this Period 357.75	
City Las Vegas	State NV	Zip Code 89102-8613	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Food for Event		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Domino's			Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 62.24	
City Ann Arbor	State MI	Zip Code 48105-9757	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	876.83
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr			
City Ann Arbor	State MI	Zip Code 48105-9757	
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKF/ Amount of Each Disbursement this Period 93.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr			
City Ann Arbor	State MI	Zip Code 48105-9757	
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKF/ Amount of Each Disbursement this Period 137.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr			
City Ann Arbor	State MI	Zip Code 48105-9757	
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKF/ Amount of Each Disbursement this Period 167.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	398.46
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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 239.80

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 255.39

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 258.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 753.38

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 81.13	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 86.57	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 91.35	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 259.05
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 281.67	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE! Amount of Each Disbursement this Period [REDACTED] 77.37	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 89.26	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 448.30
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 136.41
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE. Amount of Each Disbursement this Period [REDACTED] 55.63
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 72.00
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 264.04

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 72.18	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 74.79	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 75.48	
City Ann Arbor	State MI	Zip Code 48105-9757	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 222.45
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period

[Redacted] 83.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period

[Redacted] 85.79

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period

[Redacted] 87.48

Memo Item

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

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

[Redacted] 256.60

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period 99.60
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period 143.86
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period 207.52
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

450.98

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE	
City Ann Arbor	State MI	Zip Code 48105-9757	Amount of Each Disbursement this Period [REDACTED] 75.48
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE	
City Ann Arbor	State MI	Zip Code 48105-9757	Amount of Each Disbursement this Period [REDACTED] 79.79
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE	
City Ann Arbor	State MI	Zip Code 48105-9757	Amount of Each Disbursement this Period [REDACTED] 80.00
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 235.27
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 85.48	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 88.33	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 143.86	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	317.67
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)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 193.20

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 230.99

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 276.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 700.82

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKF
Amount of Each Disbursement this Period
322.71

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKEI
Amount of Each Disbursement this Period
50.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period
73.62

Memo Item

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

446.58

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE' Amount of Each Disbursement this Period [REDACTED] 81.81
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF1 Amount of Each Disbursement this Period [REDACTED] 89.87
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 94.32
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 266.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF7 Amount of Each Disbursement this Period 99.67
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF7 Amount of Each Disbursement this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF7 Amount of Each Disbursement this Period 129.49
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	329.16
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)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKFI

Amount of Each Disbursement this Period: 143.70

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKFI

Amount of Each Disbursement this Period: 250.73

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKFI

Amount of Each Disbursement this Period: 300.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 694.58

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)
For Our Future

A. Drinkmore Delivery, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 7595 Rickenbacker Dr

City Gaithersburg State MD Zip Code 20879-4808

Purpose of Disbursement Water for Office

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 97.67

Memo Item

B. Drinkmore Delivery, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 7595 Rickenbacker Dr

City Gaithersburg State MD Zip Code 20879-4808

Purpose of Disbursement Water for Office

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 115.65

Memo Item

C. Drury Inn

Full Name (Last, First, Middle Initial)

Mailing Address 88 E Nationwide Blvd

City Columbus State OH Zip Code 43215-2576

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKV

Amount of Each Disbursement this Period: 2067.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2281.16

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 133.22
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKFz Amount of Each Disbursement this Period [REDACTED] 111.16
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 44.55
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 288.93
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED]
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : VSG8M9VKF' Amount of Each Disbursement this Period 35.60
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Elkay Property Management		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1669 Edgewood Rd		FEC Identification Number C [REDACTED]
City Yardley	State PA	Zip Code 19067-5571
Purpose of Disbursement Rent	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : VSG8M9VKG' Amount of Each Disbursement this Period 850.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : VSG8M9VKV' Amount of Each Disbursement this Period 20409.14
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	21294.74
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKX!
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 2362.81
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKX!
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 3114.98
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKX!
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 3114.98
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	8592.77
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel	Candidate Name		Amount of Each Disbursement this Period 1929.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel	Candidate Name		Amount of Each Disbursement this Period 39.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel	Candidate Name		Amount of Each Disbursement this Period 858.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:	Category/Type 002		

SUBTOTAL of Disbursements This Page (optional).....▶	2826.89
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)
For Our Future

A. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 869.95

Memo Item

B. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 869.95

Memo Item

C. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 869.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2609.85

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 869.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 869.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 975.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	<input type="checkbox"/> Memo Item

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

[REDACTED] 2715.62

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 975.72
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 975.72
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 1067.08
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3018.52
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period [REDACTED] 51.48	
Purpose of Disbursement Travel		Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 002		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period [REDACTED] 550.25	
Purpose of Disbursement Travel		Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 002		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period [REDACTED] 550.25	
Purpose of Disbursement Travel		Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 002		

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

1151.98

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	210.81
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 81.52
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	222.06
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 2305.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....▶	4139.54
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 913.34
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 913.34
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 913.34
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2740.02
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 917.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 917.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 917.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2751.24
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)
For Our Future

A. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 917.08

Memo Item

B. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 917.08

Memo Item

C. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 917.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2751.24

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period [REDACTED] 917.08	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period [REDACTED] 937.08	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period [REDACTED] 940.22	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

[REDACTED] 2794.38

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/ Type 002	Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/ Type 002	Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/ Type 002	Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2965.02
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 1260.46
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 2661.45
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 550.25
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4472.16
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Evans & Katz, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address PO Box 75357		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG
City Washington	State DC	Zip Code 20013-0357
Purpose of Disbursement Compliance Services	Candidate Name	Amount of Each Disbursement this Period 18830.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

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

20664.47

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Extra Extras, Inc.			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 151 E Los Torritos St				
City Weslaco	State TX	Zip Code 78596-5333	FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VND Amount of Each Disbursement this Period 176065.00	
Purpose of Disbursement Administrative Staff Salaries and Benefits		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Extra Extras, Inc.			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 151 E Los Torritos St				
City Weslaco	State TX	Zip Code 78596-5333	FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNDI Amount of Each Disbursement this Period 19671.69	
Purpose of Disbursement Administrative Staff Salaries and Benefits		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fieldworks LLC			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 9897				
City Washington	State DC	Zip Code 20016-8897	FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNK Amount of Each Disbursement this Period 42500.00	
Purpose of Disbursement Administrative Fee for Canvassing Services		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

238236.69

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Fieldworks LLC

Mailing Address PO Box 9897

City
Washington

State
DC

Zip Code
20016-8897

Purpose of Disbursement
Administrative Staff Salaries and Benefits

001

Category/
Type

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
10			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VNK

Amount of Each Disbursement this Period

[REDACTED] 294802.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Fieldworks LLC

Mailing Address PO Box 9897

City
Washington

State
DC

Zip Code
20016-8897

Purpose of Disbursement
Administrative Staff Salaries and Benefits

001

Category/
Type

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
10			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VNK

Amount of Each Disbursement this Period

[REDACTED] 45768.72

Memo Item

Full Name (Last, First, Middle Initial)

C. Fieldworks LLC

Mailing Address PO Box 9897

City
Washington

State
DC

Zip Code
20016-8897

Purpose of Disbursement
Administrative Fee for Canvassing Services

001

Category/
Type

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
10			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VNK

Amount of Each Disbursement this Period

[REDACTED] 5833.33

Memo Item

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

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

[REDACTED] 346404.15

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Fieldworks LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address PO Box 9897		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNK Amount of Each Disbursement this Period [REDACTED] 225362.66	
City Washington	State DC	Zip Code 20016-8897	Category/Type 001
Purpose of Disbursement Administrative Staff Salaries and Benefits		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Florida Renaissance Corp.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 128 E Colonial Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 1739.69	
City Orlando	State FL	Zip Code 32801-1234	Category/Type 001
Purpose of Disbursement Rent		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. For Our Future Action Fund		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 888 16Th St NW Ste 650		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNM Amount of Each Disbursement this Period [REDACTED] 489639.40	
City Washington	State DC	Zip Code 20006-4112	Category/Type 001
Purpose of Disbursement Administrative Staff Salaries and Benefits		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 716741.75
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. For Our Future Action Fund

Mailing Address 888 16Th St NW
Ste 650

City Washington State DC Zip Code 20006-4112

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VNP**

Amount of Each Disbursement this Period: 382718.66

Memo Item

Full Name (Last, First, Middle Initial)
B. Full Circle Production Team

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Event Production Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **007**

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKT**

Amount of Each Disbursement this Period: 2250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Full Circle Production Team

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Event Production Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **007**

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKT**

Amount of Each Disbursement this Period: 2250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 387218.66

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Full Circle Production Team

Mailing Address 6659 N Bourbon St

City Milwaukee

State WI

Zip Code 53224-5151

Purpose of Disbursement
Event Production Services

007

Category/
Type

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
11			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gamez-Jimenez, Blanca, , ,

Mailing Address 1651 Serenada Ave

City Las Vegas

State NV

Zip Code 89169-2508

Purpose of Disbursement
Travel

002

Category/
Type

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
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
[REDACTED] 210.00

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago

State IL

Zip Code 60606-7147

Purpose of Disbursement
Travel

002

Category/
Type

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
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
[REDACTED] 210.00

Memo Item

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

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

[REDACTED]	3210.00
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[REDACTED]	
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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Gateway Retail Center LLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 5238-6 Norwood Ave			
City Jacksonville	State FL	Zip Code 32208-5005	
Purpose of Disbursement Rent		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKG
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="131.16"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Gateway Retail Center LLC		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 5238-6 Norwood Ave			
City Jacksonville	State FL	Zip Code 32208-5005	
Purpose of Disbursement Rent		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKG
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="880.16"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Gilbert & Wolfand, PC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 2201 Wisconsin Ave NW			
City Washington	State DC	Zip Code 20007-4105	
Purpose of Disbursement Accounting Services		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKG
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="12184.15"/>
State: District:			<input type="checkbox"/> Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. GM Networking, LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 309 N Royal St		FEC Identification Number C [REDACTED]	
City Alexandria	State VA	Zip Code 22314-2628	Transaction ID : VSG8M9VKT
Purpose of Disbursement Event Planning Services		Category/ Type 007	Amount of Each Disbursement this Period 3273.70
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Goldman, Jerrold, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 3005 W Capitol Dr Apt 1		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53216-2655	Transaction ID : VSG8M9VMW
Purpose of Disbursement Field Consulting Services		Category/ Type 001	Amount of Each Disbursement this Period 1750.00
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Goldman, Jerrold, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 3005 W Capitol Dr Apt 1		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53216-2655	Transaction ID : VSG8M9VMW
Purpose of Disbursement Field Consulting Services		Category/ Type 001	Amount of Each Disbursement this Period 1750.00
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	6773.70
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Goldman, Jerrold, , ,			Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address 3005 W Capitol Dr Apt 1			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW	
City Milwaukee	State WI	Zip Code 53216-2655	Amount of Each Disbursement this Period 1950.00	
Purpose of Disbursement Field Consulting Services		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. Gongwer			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 17 S High St Ste 630			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKGi	
City Columbus	State OH	Zip Code 43215-3413	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Subscription		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. Grassroots Campaigns, Inc.			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address PO Box 120557			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP	
City Boston	State MA	Zip Code 02112-0557	Amount of Each Disbursement this Period -60022.22	
Purpose of Disbursement Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule F		Category/ Type 004	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

-57822.22

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -60022.22

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -17205.17

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -17205.17

Memo Item

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

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

-94432.56

**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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -16056.39

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -5352.13

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -4144.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ -25553.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNQ

Amount of Each Disbursement this Period: 7597.16

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNPI

Amount of Each Disbursement this Period: -12526.69

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -43601.81

Memo Item

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

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

-48531.34

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -43601.81

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -10274.01

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -30822.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ -84697.86

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -125793.92

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -125793.92

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNC

Amount of Each Disbursement this Period: 324017.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 72429.40

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Greater Wisconsin Committee

Mailing Address PO Box 861

City Madison State WI Zip Code 53701-0861

Purpose of Disbursement District Maps

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Grier, Michael, , ,

Mailing Address 819 N 6Th St Rm 723

City Milwaukee State WI Zip Code 53203-1606

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period: 225.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Gritz Cafe

Mailing Address 1911 Stella Lake St # 150

City Las Vegas State NV Zip Code 89106-2142

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 1621.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2846.50

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)
For Our Future

Full Name (Last, First, Middle Initial) A. GRSG Company		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNQ
City Washington	State DC	Zip Code 20006-5813
Purpose of Disbursement Administrative Staff Salaries and Benefits		Amount of Each Disbursement this Period 87565.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hamill, Joe, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 4120 N Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW
City North Las Vegas	State NV	Zip Code 89032-0297
Purpose of Disbursement Reimbursement - Office Supplies		Amount of Each Disbursement this Period 168.62
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 168.62
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	87733.62
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Hamill, Joe, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 4120 N Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 160.29
City North Las Vegas	State NV	Zip Code 89032-0297
Purpose of Disbursement Reimbursement - Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 117.81
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Harcar Investments LLC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 4744 Rushwood Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 600.00
City Englewood	State OH	Zip Code 45322-3612
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 760.29
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Harland Clarke		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 15955 La Cantera Pkwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG
City San Antonio	State TX	Zip Code 78256-2589
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 194.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Hegwood, Zarkey, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 6659 N Bourbon St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNCI
City Milwaukee	State WI	Zip Code 53224-5151
Purpose of Disbursement Reimbursement - Office Equipment		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 375.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Equipment		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 375.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 570.30

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Higher Heights For America

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

Mailing Address 147 Prince St
Ste 12

City Brooklyn State NY Zip Code 11201-3007

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
5000.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Hilltop Public Solutions

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period
7450.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Hilltop Public Solutions

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
18276.97

Candidate Name

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

Memo Item

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

30726.97

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

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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 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)
For Our Future

A. Hilltop Public Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period: 4300.00

Memo Item

B. Hirestrategy

Full Name (Last, First, Middle Initial)

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS/

Amount of Each Disbursement this Period: 1414.38

Memo Item

C. Hirestrategy

Full Name (Last, First, Middle Initial)

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 640.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6354.38

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hirestrategy

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 785.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Hirestrategy

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 755.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hirestrategy

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 740.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2280.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hirestrategy

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 765.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Hofer, Devin, , ,

Mailing Address 13330 W Bluemound Rd

City Elm Grove State WI Zip Code 53122-2536

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMTI

Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hofer, Devin, , ,

Mailing Address 13330 W Bluemound Rd

City Elm Grove State WI Zip Code 53122-2536

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3765.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Hofer, Devin, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 13330 W Bluemound Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT. Amount of Each Disbursement this Period 1700.00
City Elm Grove	State WI	Zip Code 53122-2536
Purpose of Disbursement Field Consulting Services		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Holiday Inn Capitol Square Columbus		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 175 E Town St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKXI Amount of Each Disbursement this Period 799.22
City Columbus	State OH	Zip Code 43215-4609
Purpose of Disbursement Lodging		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Holiday Inn Express		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1701 N University Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 9258.66
City Plantation	State FL	Zip Code 33322-4108
Purpose of Disbursement Lodging		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11757.88
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Holloway, Linda, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1525 NW 167Th,		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX	
City Miami Gardens	State FL	Zip Code 33056	Amount of Each Disbursement this Period [REDACTED] 300.00
Purpose of Disbursement Event Planning Services		Category/ Type 007	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Holstein, Greg, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 927 Fairfax St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City Altoona	State WI	Zip Code 54720-1166	Amount of Each Disbursement this Period [REDACTED] 495.00
Purpose of Disbursement Rent		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Holy Ghost Cafe And Grill		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 2427 Olson Ln		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT	
City Jacksonville	State FL	Zip Code 32210-3568	Amount of Each Disbursement this Period [REDACTED] 1658.00
Purpose of Disbursement Food for Event		Category/ Type 007	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

2453.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Homewood Suites		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1475 Massachusetts Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKXl Amount of Each Disbursement this Period 12029.47
City Washington	State DC	Zip Code 20005-2806
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Horny Goat Marina, LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1933 S 1St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKGl Amount of Each Disbursement this Period 3168.00
City Milwaukee	State WI	Zip Code 53204-4006
Purpose of Disbursement Parking	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Horny Goat Marina, LLC		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1933 S 1St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 100.32
City Milwaukee	State WI	Zip Code 53204-4006
Purpose of Disbursement Parking	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15297.79
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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

10 / 20 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
417.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

10 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period
1282.32

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

10 / 24 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
121.61

Memo Item

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

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

1821.43

**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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKX!
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period
[Redacted] 855.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period
[Redacted] 297.74

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C [Redacted]
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
[Redacted] 388.53

Memo Item

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

[Redacted] 1541.41

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period: 709.48

Memo Item

Full Name (Last, First, Middle Initial)
B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKY4
Amount of Each Disbursement this Period: 1032.96

Memo Item

Full Name (Last, First, Middle Initial)
C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period: 123.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1866.06

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
Candidate Name

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

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period: 2748.78

Memo Item

Full Name (Last, First, Middle Initial)
B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
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 : VSG8M9VKXI
Amount of Each Disbursement this Period: 122.94

Memo Item

Full Name (Last, First, Middle Initial)
C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging
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 : VSG8M9VKX
Amount of Each Disbursement this Period: 458.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3329.85

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY.
Amount of Each Disbursement this Period
2138.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
640.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period
1024.96

Memo Item

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

3804.36

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKX

Amount of Each Disbursement this Period: 378.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Houghton Street Consulting, LLC

Mailing Address 1001 E Sunset Rd
96841

City Las Vegas State NV Zip Code 89199-5104

Purpose of Disbursement Strategic Planning Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 6800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNC

Amount of Each Disbursement this Period: 59518.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 66696.25

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)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **004**

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VNC**

Amount of Each Disbursement this Period: 115000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **004**

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VNC**

Amount of Each Disbursement this Period: 7007.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **004**

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: **C**

Transaction ID : **VSG8M9VNC**

Amount of Each Disbursement this Period: 15000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 137007.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement
Printing - Posters, No Express Advocacy

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement
Printing - Placards, No Express Advocacy

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Image Plus Graphics, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement Printing - T-Shirts, No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 21 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period 7630.17

Memo Item

B. Image Plus Graphics, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement Printing - Tote Bags and Palm Cards, No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 24 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period 6075.46

Memo Item

C. Image Plus Graphics, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement Printing - Placards, No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 27 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period 451.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 14157.02

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 1286.51	
City North Miami	State FL	Zip Code 33161-4424	Category/ Type 004
Purpose of Disbursement Printing - Banners, No Express Advocacy		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 446.91	
City North Miami	State FL	Zip Code 33161-4424	Category/ Type 004
Purpose of Disbursement Printing - Pledge Cards, No Express Advocacy		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 4684.32	
City North Miami	State FL	Zip Code 33161-4424	Category/ Type 001
Purpose of Disbursement Postage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	6417.74
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Mailing Labels

001

Category/
Type

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
11			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 732.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - ID Cards, No Express Advocacy

001

Category/
Type

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
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMVI
Amount of Each Disbursement this Period

[REDACTED] 201.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Impact Office Supplies

Mailing Address 6800 Distribution Dr

City
Beltsville

State
MD

Zip Code
20705-1400

Purpose of Disbursement
Office Supplies

001

Category/
Type

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
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period

[REDACTED] 18820.86

Memo Item

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

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

[REDACTED] 19754.97

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. IR Media LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1900 L St NW NW Ste. 611		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20036-5002
Purpose of Disbursement Print Advertising - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. IR Media LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1900 L St NW NW Ste. 611		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20036-5002
Purpose of Disbursement Print Advertising - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jacksonville Bounce House Rentals		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 8725 Youngerman Ct Ste 111		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 779.17
City Jacksonville	State FL	Zip Code 32244-6692
Purpose of Disbursement Event Equipment Rental		Category/Type 007
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5779.17

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)
For Our Future

Full Name (Last, First, Middle Initial) A. James Hoyer PA		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 4830 W Kennedy Blvd Ste 550		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 22500.00
City Tampa	State FL	Zip Code 33609-2589
Purpose of Disbursement Legal Services		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JEA		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 21 W Church St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 553.46
City Jacksonville	State FL	Zip Code 32202-3155
Purpose of Disbursement Utilities		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JetBlue		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 174.10
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

23227.56

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. JetBlue

Mailing Address 2701 Queens Plz N

City
Long Island City

State
NY

Zip Code
11101-4020

Purpose of Disbursement
Travel

002

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
[REDACTED] 212.10

Memo Item

Full Name (Last, First, Middle Initial)

B. JetBlue

Mailing Address 2701 Queens Plz N

City
Long Island City

State
NY

Zip Code
11101-4020

Purpose of Disbursement
Travel

002

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
[REDACTED] 322.20

Memo Item

Full Name (Last, First, Middle Initial)

C. JYG Consulting, LLC

Mailing Address 3701 Bradley Ln

City
Chevy Chase

State
MD

Zip Code
20815-4271

Purpose of Disbursement
PAC Management Consulting Services

001

Category/
Type

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
11			02			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
[REDACTED] 10000.00

Memo Item

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

[REDACTED]	10534.30
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. JLee Strategies, LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 5750 Parkview Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS! Amount of Each Disbursement this Period 1010.86	
City Orlando	State FL	Zip Code 32821-5506	Category/ Type 001
Purpose of Disbursement Political Strategy Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. JLee Strategies, LLC		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 5750 Parkview Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS! Amount of Each Disbursement this Period 12000.00	
City Orlando	State FL	Zip Code 32821-5506	Category/ Type 001
Purpose of Disbursement Political Strategy Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. JLee Strategies, LLC		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 5750 Parkview Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS! Amount of Each Disbursement this Period 1466.96	
City Orlando	State FL	Zip Code 32821-5506	Category/ Type 001
Purpose of Disbursement Political Strategy Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

14477.82

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Jocelin, Donald, , ,

Mailing Address 5220 Sunridge Palms Dr

City
Tampa

State
FL

Zip Code
33617-1438

Purpose of Disbursement
DJ Services for Event

007

Category/
Type

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
10			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period
[REDACTED] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jordan And Jordan

Mailing Address Address Requested

City

State

Zip Code

Purpose of Disbursement
Event Planning Services

007

Category/
Type

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
11			02			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKT7
Amount of Each Disbursement this Period
[REDACTED] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JVA Campaigns LLC

Mailing Address 240 N 5Th St
Ste 360

City
Columbus

State
OH

Zip Code
43215-2600

Purpose of Disbursement
Printing - Canvassing Literature, No Express Advocacy

004

Category/
Type

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
10			24			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMX
Amount of Each Disbursement this Period
[REDACTED] 1978.00

Memo Item

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

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

2628.00

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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 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)
For Our Future

A. Kennedy Printing Company, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 5534 Baltimore Ave

City Philadelphia State PA Zip Code 19143-3106

Purpose of Disbursement Printing - Stickers, No Express Advocacy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMX

Amount of Each Disbursement this Period: 311.04

Memo Item

B. Kenneth & Jerrine Kellicut

Full Name (Last, First, Middle Initial)
Mailing Address 1814 Barnabee Rd

City La Crosse State WI Zip Code 54601-6922

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG;

Amount of Each Disbursement this Period: 600.00

Memo Item

C. Kotchmar, Rich, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 667 S Mountain Rd

City New City State NY Zip Code 10956-5709

Purpose of Disbursement Reimbursement - Mileage, Parking, Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1

Amount of Each Disbursement this Period: 4567.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5478.52

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN1/ Amount of Each Disbursement this Period 864.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN1E Amount of Each Disbursement this Period 1907.80
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Ledo Pizza		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1721 Wisconsin Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 109.85
City Washington	State DC	Zip Code 20007-2314
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

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

109.85

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Ledo Pizza

Mailing Address 1721 Wisconsin Ave NW

City Washington State DC Zip Code 20007-2314

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee, Camden, , ,

Mailing Address 4072 N Sheridan Rd
Apt GD

City Chicago State IL Zip Code 60613-5435

Purpose of Disbursement
Digital Consulting Services

004
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lee, Jackie, , ,

Mailing Address 5750 Parkview Lake Dr

City Orlando State FL Zip Code 32821-5506

Purpose of Disbursement
Reimbursement - Lodging, Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Marriott Courtyard		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 440 Seabreeze Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period [REDACTED] 800.00
City Fort Lauderdale	State FL	Zip Code 33316-1622
Purpose of Disbursement Lodging		Category/Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lee, Jason, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1625 L St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period [REDACTED] 421.23
City Washington	State DC	Zip Code 20036-5665
Purpose of Disbursement Reimb. - Travel, Office Supplies, Event Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. OfficeMax		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period [REDACTED] 23.73
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 421.23
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. LensRentals

Full Name (Last, First, Middle Initial)

Mailing Address 7730A Trinity Rd, Suite 102

City Cordova State TN Zip Code 38018-2722

Purpose of Disbursement Office Equipment Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 580.00

Memo Item

B. Lincoln Warehouse Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2018 S 1St St

City Milwaukee State WI Zip Code 53207-1102

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 1605.00

Memo Item

C. Lowe's

Full Name (Last, First, Middle Initial)

Mailing Address 5385 Ridge Ave

City Cincinnati State OH Zip Code 45213-2543

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 469.22

Memo Item

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

2654.22

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Lowe's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 5385 Ridge Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period [REDACTED] 321.86
City Cincinnati	State OH	Zip Code 45213-2543
Purpose of Disbursement Office Equipment		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LV Print Center		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 306 Brodhead Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period [REDACTED] 2315.04
City Bethlehem	State PA	Zip Code 18015-1794
Purpose of Disbursement Printing - T-Shirts, No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period [REDACTED] 65.84
City Philadelphia	State PA	Zip Code 19103-5240
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2702.74
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH	
City Philadelphia	State PA	Zip Code 19103-5240	Amount of Each Disbursement this Period [REDACTED] 75.84
Purpose of Disbursement Food/Beverage		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH	
City Philadelphia	State PA	Zip Code 19103-5240	Amount of Each Disbursement this Period [REDACTED] 10.00
Purpose of Disbursement Food/Beverage		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH	
City Philadelphia	State PA	Zip Code 19103-5240	Amount of Each Disbursement this Period [REDACTED] 65.84
Purpose of Disbursement Food/Beverage		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 151.68
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Manhattan Bagels

Full Name (Last, First, Middle Initial)

Mailing Address 125 S 18Th St

City Philadelphia State PA Zip Code 19103-5240

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 75.84

Memo Item

B. Marathon Grill

Full Name (Last, First, Middle Initial)

Mailing Address 121 S 16Th St

City Philadelphia State PA Zip Code 19102-2819

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 252.06

Memo Item

C. Market District

Full Name (Last, First, Middle Initial)

Mailing Address 5550 Centre Ave

City Pittsburgh State PA Zip Code 15232-1206

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 150.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 478.85

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)
For Our Future

A. Martin, Sandra, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2300 Ashland Ave

City Toledo State OH Zip Code 43620-1207

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN11

Amount of Each Disbursement this Period: 300.00

Memo Item

B. Matthews, Cedric, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5045 Sountel Dr. Ste 13

City Jacksonville State FL Zip Code 32206

Purpose of Disbursement Event Entertainment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Mercury Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 437 Madison Ave

City New York State NY Zip Code 10022-7001

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 18500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Mercury Public Affairs			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 437 Madison Ave			FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10022-7001	Transaction ID : VSG8M9VKS	
Purpose of Disbursement Communications Consulting Services		Category/Type 001	Amount of Each Disbursement this Period 8077.12	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Meyer, Brooks, Demma And Blohm, PA			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 1547			FEC Identification Number C [REDACTED]	
City Tallahassee	State FL	Zip Code 32302-1547	Transaction ID : VSG8M9VKHI	
Purpose of Disbursement Legal Services		Category/Type 001	Amount of Each Disbursement this Period 660.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Mission Control			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 624 Hebron Ave Ste 200			FEC Identification Number C [REDACTED]	
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VSG8M9VMY	
Purpose of Disbursement Printing - Canvassing Literature, No Express Advocacy		Category/Type 004	Amount of Each Disbursement this Period 317195.21	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

325932.33

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Mod Wine Lounge		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1828 E Sunrise Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1166.00
City Fort Lauderdale	State FL	Zip Code 33304-3040
Purpose of Disbursement Catering for Event		Category/Type 007
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mosaic Express		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1920 L St NW Frnt 3		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period 225.93
City Washington	State DC	Zip Code 20036-5000
Purpose of Disbursement Printing - Business Cards		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Murphy AME Church		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 701 Yarnall St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 700.00
City Chester	State PA	Zip Code 19013-2732
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2091.93
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)
For Our Future

A. Nando's

Full Name (Last, First, Middle Initial)

Mailing Address 300 Tingey St SE
Ste 150

City Washington State DC Zip Code 20003-4626

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 107.03

Memo Item

B. Nando's

Full Name (Last, First, Middle Initial)

Mailing Address 300 Tingey St SE
Ste 150

City Washington State DC Zip Code 20003-4626

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 776.51

Memo Item

C. National Campaign Resource Group

Full Name (Last, First, Middle Initial)

Mailing Address 11380 Prosperity Farms Rd
Ste 221E

City Palm Beach Gardens State FL Zip Code 33410-3465

Purpose of Disbursement Direct Mail Services - No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 16256.60

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	17140.14
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)

For Our Future

Full Name (Last, First, Middle Initial)

A. New Partners Consulting, Inc.

Date of Disbursement

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

Mailing Address 1250 I St NW
Ste 200

City
Washington

State
DC

Zip Code
20005-5994

Purpose of Disbursement
Communications Consulting Services

001

Category/
Type

FEC Identification Number

C

Transaction ID : VSG8M9VN11

Amount of Each Disbursement this Period

16679.41

Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. New Partners Consulting, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

Mailing Address 1250 I St NW
Ste 200

City
Washington

State
DC

Zip Code
20005-5994

Purpose of Disbursement
Digital Advertising - No Express Advocacy

001

Category/
Type

FEC Identification Number

C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period

5000.00

Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

Mailing Address 1250 I St NW
Ste 200

City
Washington

State
DC

Zip Code
20005-5994

Purpose of Disbursement
Communications Consulting Services

001

Category/
Type

FEC Identification Number

C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period

12313.11

Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

33992.52

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

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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 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)
For Our Future

Full Name (Last, First, Middle Initial)

A. New Partners Consulting, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2016			

Mailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5994

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VN0'
Amount of Each Disbursement this Period
2557.09

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. New Partners Teleservices

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

Mailing Address PO Box 5021

City Saint Cloud State MN Zip Code 56302-5021

Purpose of Disbursement
Polling

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKHI
Amount of Each Disbursement this Period
12816.24

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. New Partners Teleservices

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2016			

Mailing Address PO Box 5021

City Saint Cloud State MN Zip Code 56302-5021

Purpose of Disbursement
Polling

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period
172708.50

Candidate Name

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

Memo Item

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

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

188081.83

**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)
For Our Future

A. Next Level Digital, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1004 9Th St NE

City Washington State DC Zip Code 20002-3716

Purpose of Disbursement Digital Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 8000.00

Memo Item

B. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 1200.00

Memo Item

C. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW
Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 4145.33

Memo Item

B. NV Energy

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 98910

City Las Vegas State NV Zip Code 89193-8910

Purpose of Disbursement Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 532.10

Memo Item

C. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 52.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4730.38

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 78.96
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 127.60
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 104.79
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

311.35

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period [REDACTED] 280.78
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ohio Bureau Of Workers' Comp		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 30 W Spring St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period [REDACTED] 120.00
City Columbus	State OH	Zip Code 43215-2216
Purpose of Disbursement Taxes		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ohio Secretary Of State		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 180 E Broad St FI 16		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 99.00
City Columbus	State OH	Zip Code 43215-3726
Purpose of Disbursement Taxes		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 499.78
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Ohio Secretary Of State			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 180 E Broad St FI 16			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ' Amount of Each Disbursement this Period 299.00	
City Columbus	State OH	Zip Code 43215-3726	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxes		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Ohio Strategic Partners			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 34 N Remington Rd			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKSJ Amount of Each Disbursement this Period 12500.00	
City Bexley	State OH	Zip Code 43209-1441	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communications Consulting Services		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Oley's Kitchen & BBQ			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 2700 S Rio Grande Ave			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1100.00	
City Orlando	State FL	Zip Code 32805-6143	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Catering for Event		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

13899.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I Amount of Each Disbursement this Period 25000.00
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		004 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I Amount of Each Disbursement this Period 16000.00
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		004 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I Amount of Each Disbursement this Period 8999.92
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		004 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	49999.92
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)
For Our Future

A. Onyx Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2046 Westchester Dr

City Silver Spring State MD Zip Code 20902-3557

Purpose of Disbursement Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period: 53000.00

Memo Item

B. Oshkosh Martial Education Center

Full Name (Last, First, Middle Initial)

Mailing Address 208 State St

City Oshkosh State WI Zip Code 54901-4800

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ3

Amount of Each Disbursement this Period: 330.00

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 210.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53540.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 296.51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 122.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 132.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

551.88

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 144.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 144.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 145.27	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

434.47

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd			
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="145.27"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd			
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="145.27"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd			
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="145.27"/>
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="435.81"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 494.70

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	525.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 190.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	550.45
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 200.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

652.01
[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 257.25
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 259.47
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 125.04
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 641.76
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKM

Amount of Each Disbursement this Period: 144.60

Memo Item

B. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKM

Amount of Each Disbursement this Period: 145.27

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKM

Amount of Each Disbursement this Period: 157.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 447.26

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 164.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	509.95
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 180.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 180.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 225.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	586.23
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 261.57
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ4 Amount of Each Disbursement this Period [REDACTED] 17.97
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 20.96
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 300.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	67.80
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period [REDACTED] 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period [REDACTED] 23.26
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period [REDACTED] 23.26
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 69.12
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJC
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

69.78

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 24.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 24.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 24.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

74.28

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKJI
Amount of Each Disbursement this Period

[REDACTED] 24.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKJI
Amount of Each Disbursement this Period

[REDACTED] 28.26

Memo Item

Full Name (Last, First, Middle Initial)

C. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKK
Amount of Each Disbursement this Period

[REDACTED] 43.43

Memo Item

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

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

[REDACTED] 96.45

[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 43.43
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 58.19
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 64.59
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

[REDACTED] 166.21

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 17.97
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 63.17
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

B. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 69.78

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 24.76
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 24.76
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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

[REDACTED] 78.63
[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 34.06
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 97.39
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 106.26
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 36.02	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 40.34	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 58.19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

134.55

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 60.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 60.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 60.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 181.24
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 67.80
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 67.94
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 203.86
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period 74.48
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	171.71
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 34.06
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

[REDACTED] 97.39

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 106.26
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 36.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 38.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 59.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

134.93

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 92.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 94.47
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 255.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 135.22	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 150.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 151.03	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 436.69

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 151.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 176.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 183.23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 511.85

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 183.23
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 196.45
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 196.45
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 576.13

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 295.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 425.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 453.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1175.66
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 590.43
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 753.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 54.94
City Louisville	State KY	Zip Code 40299-3393
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1398.49
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period 71.91
City Louisville	State KY	
Zip Code 40299-3393	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period 76.64
City Louisville	State KY	
Zip Code 40299-3393	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period 77.35
City Louisville	State KY	
Zip Code 40299-3393	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

225.90

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)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 79.03

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 79.78

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 80.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 239.21

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period 80.40
City Louisville	State KY	Zip Code 40299-3393
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period 80.91
City Louisville	State KY	Zip Code 40299-3393
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 111.58
City Louisville	State KY	Zip Code 40299-3393
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

272.89

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 92.88

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 92.88

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 94.01

Memo Item

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

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

279.77

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)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 95.72

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 97.04

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 102.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 295.62

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Papa John's

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKN
Amount of Each Disbursement this Period
104.86

Memo Item

Full Name (Last, First, Middle Initial)

B. Papa John's

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKP1
Amount of Each Disbursement this Period
144.83

Memo Item

Full Name (Last, First, Middle Initial)

C. ParkPress

Mailing Address 15 Main St

City Saugus State MA Zip Code 01906-2347

Purpose of Disbursement Printing - GOTV Canvassing Literature, No Express Advocacy

004
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
59313.91

Memo Item

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

59563.60

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)
For Our Future

A. ParkPress

Full Name (Last, First, Middle Initial)

Mailing Address 15 Main St

City Saugus State MA Zip Code 01906-2347

Purpose of Disbursement Postage and Delivery

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period: 22022.08

Memo Item

B. Parra, Jose, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 888 16Th St NW

City Washington State DC Zip Code 20006-4103

Purpose of Disbursement Reimbursement - Travel, Lodging, Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 992.88

Memo Item

C. Dollar Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 7135 GilesPie St

City Las Vegas State NV Zip Code 89119-4267

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 249.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23014.96

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)
For Our Future

Full Name (Last, First, Middle Initial) A. JetBlue		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 175.10
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel	Category/ Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Parra, Jose, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 888 16Th St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 464.20
City Washington	State DC	Zip Code 20006-4103
Purpose of Disbursement Reimbursement - Travel	Category/ Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 464.20
City Dallas	State TX	Zip Code 75261-9616
Purpose of Disbursement Travel	Category/ Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 464.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNS

Amount of Each Disbursement this Period: 89057.85

Memo Item

Full Name (Last, First, Middle Initial)
B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNS

Amount of Each Disbursement this Period: 30660.43

Memo Item

Full Name (Last, First, Middle Initial)
C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNS

Amount of Each Disbursement this Period: 25086.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 144804.43

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNS

Amount of Each Disbursement this Period: 97150.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNR

Amount of Each Disbursement this Period: 508.82

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNS

Amount of Each Disbursement this Period: 257111.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 354770.51

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Payroll Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period
110.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNSI
Amount of Each Disbursement this Period
51232.81

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNS
Amount of Each Disbursement this Period
401456.89

Memo Item

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

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

452800.44

**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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

001
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VNS
Amount of Each Disbursement this Period
90726.29

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

001
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 21 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period
1032.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Administrative Staff Salaries and Benefits

Candidate Name

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

001
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period
7863.03

Memo Item

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

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

99622.09

**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)
For Our Future

A. Pearson, Glenn, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1392 Haines Ave

City Columbus State OH Zip Code 43212-3419

Purpose of Disbursement Reimbursement - Travel, Mileage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period: 867.96

Memo Item

B. Perez, Caesar, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6275 Boulder Hwy # 14

City Las Vegas State NV Zip Code 89122-7462

Purpose of Disbursement Event Equipment Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK8Z

Amount of Each Disbursement this Period: 260.00

Memo Item

C. PF Data

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 237

City Mc Farland State WI Zip Code 53558-0237

Purpose of Disbursement Training Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1

Amount of Each Disbursement this Period: 948.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2076.33

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Pizzeria Nonna		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 5301 Germantown Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP: Amount of Each Disbursement this Period [REDACTED] 409.44
City Philadelphia	State PA	Zip Code 19144-2303
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Project New America		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 191 University Blvd Ste 831		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP: Amount of Each Disbursement this Period [REDACTED] 13269.00
City Denver	State CO	Zip Code 80206-4613
Purpose of Disbursement Research Services		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Pugh, Courtni, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 4442 Lomina Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period [REDACTED] 773.97
City Lakewood	State CA	Zip Code 90713-2543
Purpose of Disbursement Reimbursement - Travel		Category/Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 14452.41
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VMT
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 248.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. JetBlue		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED]
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel		Transaction ID : VSG8M9VMT
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 241.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED]
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Transaction ID : VSG8M9VMT
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 183.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

Memo Item

B. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

Memo Item

C. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 281.67

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)
For Our Future

A. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKYI

Amount of Each Disbursement this Period: 93.89

Memo Item

B. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKYI

Amount of Each Disbursement this Period: 93.89

Memo Item

C. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKYI

Amount of Each Disbursement this Period: 93.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 281.67

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)
For Our Future

A. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

B. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

C. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1126.68

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. ReadyRefresh By Nestle

Mailing Address 900 Long Ridge Rd
Bldg 2

City Stamford State CT Zip Code 06902-1140

Purpose of Disbursement
Water for Office

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ReadyRefresh By Nestle

Mailing Address 900 Long Ridge Rd
Bldg 2

City Stamford State CT Zip Code 06902-1140

Purpose of Disbursement
Water for Office

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ricci, Tiffany, , ,

Mailing Address 1514 Hamilton St NW
NW

City Washington State DC Zip Code 20011-3858

Purpose of Disbursement
Reimbursement - Travel

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1455 Market St Ste 400		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 51.74
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ridgewell's Catering		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 5525 Dorsey Ln		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1601.30
City Bethesda	State MD	Zip Code 20816-1501
Purpose of Disbursement Catering for Event		Category/Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNT Amount of Each Disbursement this Period 22271.98
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		Category/Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	23873.28
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Rising Tide Interactive			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1250 H St NW			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period 533664.26	
City Washington	State DC	Zip Code 20005-3952	Category/Type 004	
Purpose of Disbursement Digital Advertising - No Express Advocacy		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Rising Tide Interactive			Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1250 H St NW			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period 575971.15	
City Washington	State DC	Zip Code 20005-3952	Category/Type 004	
Purpose of Disbursement Digital Advertising - No Express Advocacy		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Rising Tide Interactive			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1250 H St NW			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period 575971.15	
City Washington	State DC	Zip Code 20005-3952	Category/Type 004	
Purpose of Disbursement Digital Advertising - No Express Advocacy		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	1685606.56
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period 75000.00
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period 227000.00
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Roberts, Justin, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1317 Rowe Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 500.00
City Jacksonville	State FL	Zip Code 32208-3201
Purpose of Disbursement Musical Entertainment for Event		Category/Type 007
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	302500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Roberts, Leander, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1700 NW 66Th Ave
Ste 113

City Plantation State FL Zip Code 33313-4582

Purpose of Disbursement Event Entertainment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10 / 27 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VMX

Amount of Each Disbursement this Period 300.00

Memo Item

B. Rorapough Teicher LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1017 Buchanan St

City Hollywood State FL Zip Code 33019-1106

Purpose of Disbursement Strategic Planning Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10 / 31 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period 4000.00

Memo Item

C. Royal Performance Group

Full Name (Last, First, Middle Initial)

Mailing Address 2100 Western Ct
Ste 80

City Lisle State IL Zip Code 60532-1971

Purpose of Disbursement Prepaid Gas Cards

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10 / 28 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period 7154.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11454.50
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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Royal Performance Group

Mailing Address 2100 Western Ct
Ste 80

City Lisle State IL Zip Code 60532-1971

Purpose of Disbursement
Prepaid Gas Cards

001
 002
 003
Category/
Type

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 Y Y
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period
8059.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Safeway

Mailing Address 1855 Wisconsin Ave NW

City Washington State DC Zip Code 20007-2382

Purpose of Disbursement
Event Supplies

004
 007
 008
Category/
Type

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 Y Y
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period
519.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Sahl Communications, Inc.

Mailing Address 1 W Broad St
Ste 904

City Bethlehem State PA Zip Code 18018-5717

Purpose of Disbursement
Rent

009
 001
 002
Category/
Type

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 Y Y
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period
750.00

Memo Item

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

9328.70

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Sam's Club Stores

Mailing Address 2101 SE Simple Savings Dr

City Bentonville State AR Zip Code 72712-4304

Purpose of Disbursement
Event Supplies

007
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKT.
Amount of Each Disbursement this Period
 2670.72

Memo Item

Full Name (Last, First, Middle Initial)

B. SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement
Staff Salaries and Benefits

Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2016

FEC Identification Number

C C00004036
Transaction ID : VSH7WE7GS:
Amount of Each Disbursement this Period
 15474.00
* In-Kind Received

Memo Item

Full Name (Last, First, Middle Initial)

C. Sheraton City Center

Mailing Address 1201 Race St

City Philadelphia State PA Zip Code 19107-1617

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period
 1976.40

Memo Item

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

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

20121.12

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. Sheraton City Center		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1201 Race St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY' Amount of Each Disbursement this Period 1026.81
City Philadelphia	State PA	Zip Code 19107-1617
Purpose of Disbursement Lodging		Category/Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMTI Amount of Each Disbursement this Period 1500.00
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 1500.00
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4026.81
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1700.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Singh, Bachan, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 4455 Acre View Ct		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMM
City Brookfield	State WI	Zip Code 53005-1211
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Smoot Tewes Group		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 818 Connecticut Ave NW Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP
City Washington	State DC	Zip Code 20006-2742
Purpose of Disbursement PAC Management Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 25016.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

30716.92

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Sonesta Hotels		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 1800 Market St		FEC Identification Number C [REDACTED]
City Philadelphia	State PA	Zip Code 19103-3725
Purpose of Disbursement Lodging		Category/Type 002
Candidate Name		Transaction ID : VSG8M9VKY: Amount of Each Disbursement this Period 2158.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED]
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Transaction ID : VSG8M9VKZI: Amount of Each Disbursement this Period 709.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED]
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Transaction ID : VSG8M9VKY: Amount of Each Disbursement this Period 463.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3332.57
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY; Amount of Each Disbursement this Period [REDACTED] 473.96
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ1 Amount of Each Disbursement this Period [REDACTED] 1591.84
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SPC Group, LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 499 State Rd. 434		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period [REDACTED] 125.00
City Altamonte Springs	State FL	Zip Code 32714
Purpose of Disbursement Office Cleaning Services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2190.80
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. SPC Group, LLC		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 499 State Rd. 434		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 123.00	
City Altamonte Springs	State FL	Zip Code 32714	Category/ Type 001
Purpose of Disbursement Office Cleaning Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SPC Group, LLC		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 499 State Rd. 434		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 128.00	
City Altamonte Springs	State FL	Zip Code 32714	Category/ Type 001
Purpose of Disbursement Office Cleaning Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Spectrum Business		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address PO Box 3019		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 119.64	
City Milwaukee	State WI	Zip Code 53201-3019	Category/ Type 001
Purpose of Disbursement Telecommunications Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

370.64

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)
For Our Future

A. Spectrum Business

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3019

City Milwaukee State WI Zip Code 53201-3019

Purpose of Disbursement Telecommunications Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 68.55

Memo Item

B. Sturgis, Giovanni, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3595 W 128Th St

City Cleveland State OH Zip Code 44111-4506

Purpose of Disbursement Event Planning Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period: 300.00

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 88.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 456.95

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ	
City Miami	State FL	Zip Code 33161-7455	Amount of Each Disbursement this Period 96.88
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ	
City Miami	State FL	Zip Code 33161-7455	Amount of Each Disbursement this Period 96.88
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ	
City Miami	State FL	Zip Code 33161-7455	Amount of Each Disbursement this Period 97.80
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	291.56
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 98.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 107.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 124.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	330.66
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 144.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKPI
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 56.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 99.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	300.28
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)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 101.34

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 101.81

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 103.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 306.62

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)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 114.92

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 115.01

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 115.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 344.94

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP1

Amount of Each Disbursement this Period: 56.39

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP1

Amount of Each Disbursement this Period: 90.74

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP1

Amount of Each Disbursement this Period: 92.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 239.25

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 104.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 105.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 105.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

315.21

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 140.05

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQI

Amount of Each Disbursement this Period: 140.71

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 54.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 334.82

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)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 90.74

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 91.16

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 91.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 273.49

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

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)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 91.59

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 103.46

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 104.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 299.48

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

143.78

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

228.98

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

310.58

Memo Item

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

683.34

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

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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 312.05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 414.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ
City Arlington Heights	State IL	Zip Code 60004-7952
Purpose of Disbursement Prepaid Gas Cards	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1888.48	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2615.48
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ' Amount of Each Disbursement this Period 7976.28
City Arlington Heights	State IL	Zip Code 60004-7952
Purpose of Disbursement Prepaid Gas Cards		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ' Amount of Each Disbursement this Period 5176.42
City Arlington Heights	State IL	Zip Code 60004-7952
Purpose of Disbursement Prepaid Gas Cards		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ' Amount of Each Disbursement this Period 1876.00
City Arlington Heights	State IL	Zip Code 60004-7952
Purpose of Disbursement Prepaid Gas Cards		Category/ Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

15028.70

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)
For Our Future

A. SVM, LP

Full Name (Last, First, Middle Initial)

Mailing Address 3727 N Ventura Dr

City Arlington Heights State IL Zip Code 60004-7952

Purpose of Disbursement Prepaid Gas Cards

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZI

Amount of Each Disbursement this Period: 12828.38

Memo Item

B. Swindell, Russ, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1160 Harp St

City Raleigh State NC Zip Code 27604-1304

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1I

Amount of Each Disbursement this Period: 24000.00

Memo Item

C. Swindell, Russ, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1160 Harp St

City Raleigh State NC Zip Code 27604-1304

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1I

Amount of Each Disbursement this Period: 1363.11

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 38191.49

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)
For Our Future

A. Target

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9350

City Minneapolis State MN Zip Code 55440-9350

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 55.40

Memo Item

B. Target

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9350

City Minneapolis State MN Zip Code 55440-9350

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 216.24

Memo Item

C. Target

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9350

City Minneapolis State MN Zip Code 55440-9350

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 118.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 390.54

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. TDS

Mailing Address PO Box 94510

City
Palatine

State
IL

Zip Code
60094-4510

Purpose of Disbursement
Telecommunications Services

001

Category/
Type

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
10			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
[REDACTED] 277.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Teitelman, Amy, , ,

Mailing Address 3998 Drakewood Dr.

City
Cincinnati

State
OH

Zip Code
45209

Purpose of Disbursement
Reimbursement - Mileage, Parking, Event Supplies, Office Supplies

001

Category/
Type

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
11			04			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
[REDACTED] 2048.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Dave's Supermarket

Mailing Address 3301 Payne Ave

City
Cleveland

State
OH

Zip Code
44114-4313

Purpose of Disbursement
Event Supplies

Category/
Type

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
11			04			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
[REDACTED] 130.00

Memo Item

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

2325.75

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Tejwani, Sujata, , ,			Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 305 W 98Th St Apt 3BS			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN11	
City New York	State NY	Zip Code 10025-0063	Amount of Each Disbursement this Period [REDACTED] 6324.86	
Purpose of Disbursement Campaign Strategy Consulting Services		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. The 13Th Street Partners LLP			Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 2622 NW 43Rd St Ste. C-1			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR4	
City Gainesville	State FL	Zip Code 32606-6670	Amount of Each Disbursement this Period [REDACTED] 2226.00	
Purpose of Disbursement Rent		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. The Contact Group, Inc.			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 187			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB	
City Grasonville	State MD	Zip Code 21638-0187	Amount of Each Disbursement this Period [REDACTED] 798.35	
Purpose of Disbursement Robocalls - No Express Advocacy		Category/ Type 004	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

9349.21

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

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
11			02			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VN9
Amount of Each Disbursement this Period
[REDACTED] 2600.55

Memo Item

Full Name (Last, First, Middle Initial)

B. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

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
11			03			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNB'
Amount of Each Disbursement this Period
[REDACTED] 3496.61

Memo Item

Full Name (Last, First, Middle Initial)

C. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

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
11			03			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
[REDACTED] 1519.83

Memo Item

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

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

[REDACTED]	7616.99
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[REDACTED]	
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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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN9I
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period 4448.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN9I
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period 9840.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period 2660.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	16949.49
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)
For Our Future

Full Name (Last, First, Middle Initial) A. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 2667.03	
City Grasonville	State MD	Zip Code 21638-0187	Category/Type 004
Purpose of Disbursement Robocalls - No Express Advocacy		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 56093.90	
City Grasonville	State MD	Zip Code 21638-0187	Category/Type 004
Purpose of Disbursement Robocalls - No Express Advocacy		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. The Ohio Education Association		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 225 E Broad St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 2051.57	
City Columbus	State OH	Zip Code 43215-3709	Category/Type 001
Purpose of Disbursement Rent		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	60812.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Thompson, David, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 700 NW 66Th Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 1550.00
City Plantation	State FL	Zip Code 33317-1732
Purpose of Disbursement Catering for Event		Category/ Type 007
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 217.78
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 830.38
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2598.16
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)
For Our Future

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 309.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 671.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UAW Local 12		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2300 Ashland Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR
City Toledo	State OH	Zip Code 43620-1207
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1580.37
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)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 598.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 347.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 197.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....▶	1143.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ/

Amount of Each Disbursement this Period: 290.60

Memo Item

B. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ/

Amount of Each Disbursement this Period: 290.60

Memo Item

C. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ/

Amount of Each Disbursement this Period: 290.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 871.80

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. United Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

Mailing Address 233 S Wacker Dr

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

[Redacted] 290.60

Memo Item

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

002
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. United Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

Mailing Address 233 S Wacker Dr

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

[Redacted] 290.60

Memo Item

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

002
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. United Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

Mailing Address 233 S Wacker Dr

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

[Redacted] 415.60

Memo Item

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

002
Category/ Type

Candidate Name

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

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

[Redacted] 996.80

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period [REDACTED] 415.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period [REDACTED] 415.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period [REDACTED] 415.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1246.80
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 478.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 216.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 552.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	1247.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. United Rent-All

Full Name (Last, First, Middle Initial)

Mailing Address 4743 Blanding Blvd

City Jacksonville State FL Zip Code 32210-7326

Purpose of Disbursement Event Equipment Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 429.26

Memo Item

B. Upland IX, LLC (D/B/A Mobile Commons)

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 205921

City Dallas State TX Zip Code 75320-5921

Purpose of Disbursement Mobile Engagement Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS.

Amount of Each Disbursement this Period: 528.75

Memo Item

C. Upland IX, LLC (D/B/A Mobile Commons)

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 205921

City Dallas State TX Zip Code 75320-5921

Purpose of Disbursement Mobile Engagement Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 2908.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3866.13

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)
For Our Future

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 42.30

Memo Item

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 42.30

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 47.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 131.60

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

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
10			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

[Redacted] 81.65

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

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
10			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

[Redacted] 84.60

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

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
10			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

[Redacted] 84.60

Memo Item

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

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

[Redacted] 250.85

[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)
For Our Future

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

178.60

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

29.40

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

35.20

Memo Item

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

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

243.20

[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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Utrecht, Kleinfeld, Fiori, Partners

Mailing Address 1900 M St NW
NW Ste. 500

City Washington State DC Zip Code 20036-3508

Purpose of Disbursement
Legal Services

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
10020.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
262.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
100.00

Memo Item

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

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

10383.28

**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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 15124

City
Albany

State
NY

Zip Code
12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

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
11			09			2016			

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Walker, Avree, , ,

Mailing Address 3414 E Rochelle Ave

City
Las Vegas

State
NV

Zip Code
89121-5141

Purpose of Disbursement
Voided Check from 10/18/2016

Category/
Type

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
10			26			2016			

FEC Identification Number

Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Walker, Avree, , ,

Mailing Address 3414 E Rochelle Ave

City
Las Vegas

State
NV

Zip Code
89121-5141

Purpose of Disbursement
Event Entertainment

Category/
Type

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
10			26			2016			

FEC Identification Number

Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text" value="1000.00"/>

<input type="text" value=""/>

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. Waterfront Strategies		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 3050 K St NW NW Ste. 100		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNT. Amount of Each Disbursement this Period [REDACTED] 21111.69
City Washington	State DC	Zip Code 20007-5108
Purpose of Disbursement Digital Advertising Production - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Waterfront Strategies		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 3050 K St NW NW Ste. 100		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNT. Amount of Each Disbursement this Period [REDACTED] 166961.93
City Washington	State DC	Zip Code 20007-5108
Purpose of Disbursement Digital Advertising Production - No Express Advocacy		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Webb, Antonia, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 64 E Kelso Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH. Amount of Each Disbursement this Period [REDACTED] 90.47
City Columbus	State OH	Zip Code 43202-2312
Purpose of Disbursement Reimbursement - Food/Beverage		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 188164.09

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)
For Our Future

Full Name (Last, First, Middle Initial) A. The Roosevelt Coffeehouse		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 300 E Long St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 54.00
City Columbus	State OH	Zip Code 43215-1814
Purpose of Disbursement Food/Beverage		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Webb, Antonia, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 64 E Kelso Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ1 Amount of Each Disbursement this Period 3369.30
City Columbus	State OH	Zip Code 43202-2312
Purpose of Disbursement Reimbursement - Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Buca Di Beppo		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1825 Connecticut Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period 399.85
City Washington	State DC	Zip Code 20009-5708
Purpose of Disbursement Food/Beverage		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3369.30
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJ!

Amount of Each Disbursement this Period: 322.59

Memo Item

B. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 11490 Euclid

City Cleveland State OH Zip Code 44106-3934

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJ!

Amount of Each Disbursement this Period: 938.89

Memo Item

C. Pizza Hut

Full Name (Last, First, Middle Initial)

Mailing Address 1076 Parsons Ave

City Columbus State OH Zip Code 43206-2743

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJ!

Amount of Each Disbursement this Period: 378.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 2242 Euclid Ave

City Cleveland State OH Zip Code 44115-2405

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJI

Amount of Each Disbursement this Period: 1044.00

Memo Item

B. Webb, Antonia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 64 E Kelso Rd

City Columbus State OH Zip Code 43202-2312

Purpose of Disbursement Reimbursement - Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJI

Amount of Each Disbursement this Period: 4047.83

Memo Item

C. Bakersfield

Full Name (Last, First, Middle Initial)

Mailing Address 731 N High St

City Columbus State OH Zip Code 43215-1425

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJI

Amount of Each Disbursement this Period: 289.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4047.83

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Barley's Brewing Company

Mailing Address 467 North High St

City
Cleveland

State
OH

Zip Code
44115-1101

Purpose of Disbursement
Food/Beverage for Event

007

Category/
Type

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
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ
Amount of Each Disbursement this Period
[REDACTED] 2023.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Bravo Cucina Italiana

Mailing Address 1803 Olentangy River Rd

City
Columbus

State
OH

Zip Code
43212-1496

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ
Amount of Each Disbursement this Period
[REDACTED] 312.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hot Chicken Takeover, LLC

Mailing Address 59 Spruce St
FI 2

City
Columbus

State
OH

Zip Code
43215-1622

Purpose of Disbursement
Food/Beverage

001

Category/
Type

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
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ
Amount of Each Disbursement this Period
[REDACTED] 215.00

Memo Item

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

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

[REDACTED]	0.00
[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)
For Our Future

Full Name (Last, First, Middle Initial) A. Lavash		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 2985 N High St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 380.00	
City Columbus	State OH	Zip Code 43202-1103	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Ray Rays Hog Pit		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 2619 N High St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 222.00	
City Columbus	State OH	Zip Code 43202-2554	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Zoup		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 41 S High St Ste 150		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 251.50	
City Columbus	State OH	Zip Code 43215-6115	Category/ Type 001
Purpose of Disbursement Food/Beverage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Whitcomb, Jennifer, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1232 Alachua Ave
Apt A

City Tallahassee State FL Zip Code 32308-6950

Purpose of Disbursement Reimbursement - Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 645.00

Memo Item

B. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 645.00

Memo Item

C. Willo Security, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 38230 Glenn Ave

City Willoughby State OH Zip Code 44094-7808

Purpose of Disbursement Security Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 2415.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3060.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Win On The Ground Consulting, LLC

Mailing Address 3116 Coral Ridge Dr

City
Coral Springs

State
FL

Zip Code
33065-3311

Purpose of Disbursement
Field Consulting Services

001

Category/
Type

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
10			31			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

5500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Win On The Ground Consulting, LLC

Mailing Address 3116 Coral Ridge Dr

City
Coral Springs

State
FL

Zip Code
33065-3311

Purpose of Disbursement
Field Consulting Services

001

Category/
Type

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
11			07			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

7691.32

Memo Item

Full Name (Last, First, Middle Initial)

C. Zepecki Communications, LLC

Mailing Address 1141 N Old World 3Rd St
Apt 1810

City
Milwaukee

State
WI

Zip Code
53203-1136

Purpose of Disbursement
Communications Consulting Services

001

Category/
Type

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
10			21			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

17191.32

**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)
For Our Future

A. Zepecki Communications, LLC Full Name (Last, First, Middle Initial) Mailing Address 1141 N Old World 3Rd St Apt 1810 City Milwaukee State WI Zip Code 53203-1136 Purpose of Disbursement Communications Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		Date of Disbursement: MM / DD / YYYY 11 / 02 / 2016 FEC Identification Number: C Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period: 4000.00 <input type="checkbox"/> Memo Item
---	--	--

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	6928626.45

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. America Votes Action Fund		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1155 Connecticut Ave NW Ste 600		FEC Identification Number C00492520 Transaction ID : VSG8M9VMH
City Washington	State DC	Zip Code 20036-4324
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name America Votes Action Fund		Amount of Each Disbursement this Period 11500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. COLOROFCHANGE PAC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1714 Franklin St # 100-136		FEC Identification Number C00428557 Transaction ID : VSG8M9VMT!
City Oakland	State CA	Zip Code 94612-3488
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name COLOROFCHANGE PAC		Amount of Each Disbursement this Period 100000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. League Of Conservation Voters Action Fund		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1920 L St NW Ste 800		FEC Identification Number C00252940 Transaction ID : VSG8M9VMX
City Washington	State DC	Zip Code 20036-5045
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name League Of Conservation Voters Action Fund		Amount of Each Disbursement this Period 550000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	661500.00
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)
For Our Future

Full Name (Last, First, Middle Initial)
A. League Of Conservation Voters Action Fund

Date of Disbursement
MM / DD / YYYY
11 / 04 / 2016

Mailing Address 1920 L St NW
Ste 800

City Washington State DC Zip Code 20036-5045

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
League Of Conservation Voters Action Fund

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

FEC Identification Number
C C00252940
Transaction ID : VSG8M9VMX
Amount of Each Disbursement this Period
100000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MoveOn.Org Political Action

Date of Disbursement
MM / DD / YYYY
10 / 21 / 2016

Mailing Address PO Box 96142

City Washington State DC Zip Code 20090-6142

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
MoveOn.Org Political Action

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

FEC Identification Number
C C00341396
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
125000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NCLR Action PAC

Date of Disbursement
MM / DD / YYYY
10 / 21 / 2016

Mailing Address 1126 16Th St NW
Ste 600

City Washington State DC Zip Code 20036-4845

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
NCLR Action PAC

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

FEC Identification Number
C C00626390
Transaction ID : VSG8M9VMY
Amount of Each Disbursement this Period
195626.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 420626.00

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)
For Our Future

A. NCLR Action PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1126 16Th St NW
Ste 600

City Washington State DC Zip Code 20036-4845

Purpose of Disbursement Contribution

Candidate Name **NCLR Action PAC**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: **C00626390**
Transaction ID : **VSG8M9VMY**
Amount of Each Disbursement this Period: 109720.01

Category/Type: 011

Memo Item

B. VoteVets

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement Contribution

Candidate Name **VoteVets**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: **C00418897**
Transaction ID : **VSG8M9VMH**
Amount of Each Disbursement this Period: 61390.80

Category/Type: 011

Memo Item

C. VoteVets

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement Contribution

Candidate Name **VoteVets**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: **C00418897**
Transaction ID : **VSG8M9VMH**
Amount of Each Disbursement this Period: 7000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 178110.81

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Working America Coalition		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 24981.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Working America Coalition		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 24981.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Working America Coalition		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 95672.26
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	145634.26
TOTAL This Period (last page this line number only).....▶	1405871.07

**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)
For Our Future

Full Name (Last, First, Middle Initial) A. Action Network		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1900 L St NW Ste 900		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period [REDACTED] 275.00
City Washington	State DC	Zip Code 20036-5005
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Action Network		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1900 L St NW Ste 900		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period [REDACTED] 2000.00
City Washington	State DC	Zip Code 20036-5005
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Action Network		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 1900 L St NW Ste 900		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period [REDACTED] 275.00
City Washington	State DC	Zip Code 20036-5005
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2550.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
For Our Future

Full Name (Last, First, Middle Initial) A. America's Voice		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1250 I St NW Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH
City Washington	State DC	Zip Code 20005-5994
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 11000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 012	

Full Name (Last, First, Middle Initial) B. Bouchard Gold Communications		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1617 W 6Th St Ste B		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMN
City Austin	State TX	Zip Code 78703-5080
Purpose of Disbursement Printing - Non-Federal Canvassing Literature		Amount of Each Disbursement this Period 4586.27
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) C. Bouchard Gold Communications		Date of Disbursement MM / DD / YYYY 11 / 05 / 2016
Mailing Address 1617 W 6Th St Ste B		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9TWF
City Austin	State TX	Zip Code 78703-5080
Purpose of Disbursement Printing - Non-Federal Canvassing Literature		Amount of Each Disbursement this Period 6484.73
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional).....▶	22071.00
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 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)
For Our Future

A. Centaur North Strategies

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1474

City Whittier State CA Zip Code 90609-1474

Purpose of Disbursement Non-Federal Direct Mail Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 2492.30

Memo Item

B. Citizens Engagement Laboratory

Full Name (Last, First, Middle Initial)

Mailing Address 2150 Allston Way Ste 360

City Berkeley State CA Zip Code 94704-1378

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period: 14280.00

Memo Item

C. Democratic GAIN

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15381

City Washington State DC Zip Code 20003-0381

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 18 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ► 26772.30

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 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)

For Our Future

Full Name (Last, First, Middle Initial)

A. Fieldworks LLC

Mailing Address PO Box 9897

City
Washington

State
DC

Zip Code
20016-8897

Purpose of Disbursement
Printing - Non-Federal Canvassing Literature

004

Category/
Type

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
10			24			2016			

FEC Identification Number

C

Transaction ID : VSG8M9TNE!

Amount of Each Disbursement this Period

853.52

Memo Item

Full Name (Last, First, Middle Initial)

B. Innovation Ohio

Mailing Address 35 E Gay St
Ste 403

City
Columbus

State
OH

Zip Code
43215-3138

Purpose of Disbursement
Donation

012

Category/
Type

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
11			02			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV!

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IR Media LLC

Mailing Address 1900 L St NW
NW Ste. 611

City
Washington

State
DC

Zip Code
20036-5002

Purpose of Disbursement
Non-Federal Digital Advertising

004

Category/
Type

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
11			03			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV!

Amount of Each Disbursement this Period

14000.00

Memo Item

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

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

29853.52

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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 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)
For Our Future

A. Mission Control

Full Name (Last, First, Middle Initial)

Mailing Address 624 Hebron Ave
Ste 200

City Glastonbury State CT Zip Code 06033-5006

Purpose of Disbursement Printing - Non-Federal Canvassing Literature

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C [REDACTED]
Transaction ID : VSG8M9TFM.
Amount of Each Disbursement this Period: 11040.00

Memo Item

B. Missouri Jobs With Justice Voter Action

Full Name (Last, First, Middle Initial)

Mailing Address 2725 Clifton Ave

City Saint Louis State MO Zip Code 63139-2712

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C [REDACTED]
Transaction ID : VSG8M9VMYI
Amount of Each Disbursement this Period: 6000.00

Memo Item

C. NC Latino Power

Full Name (Last, First, Middle Initial)

Mailing Address 4907 Garrett Rd

City Durham State NC Zip Code 27707-3443

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period: 52028.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 69068.54

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 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)
For Our Future

A. One Wisconsin Now

Full Name (Last, First, Middle Initial)

Mailing Address 152 W Johnson St
Ste 214

City Madison State WI Zip Code 53703-2296

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period: 12500.00

Memo Item

B. Onyx Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2046 Westchester Dr

City Silver Spring State MD Zip Code 20902-3557

Purpose of Disbursement Non-Federal Voter Outreach Calls

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9TWC

Amount of Each Disbursement this Period: 12500.00

Memo Item

C. ProgressOhio.Org

Full Name (Last, First, Middle Initial)

Mailing Address 35 E Gay St
Ste 404

City Columbus State OH Zip Code 43215-3138

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1

Amount of Each Disbursement this Period: 8000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 33000.00

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 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)
For Our Future

Full Name (Last, First, Middle Initial) A. We Are Wisconsin		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 8033 Excelsior Dr Ste A		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 19716.51
City Madison	State WI	Zip Code 53717-2900
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. We Are Wisconsin		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 8033 Excelsior Dr Ste A		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 4785.89
City Madison	State WI	Zip Code 53717-2900
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wisconsin Jobs Now, Inc.		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1862 W Fond Du Lac Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 27300.00
City Milwaukee	State WI	Zip Code 53205-1146
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

51802.40

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
For Our Future

Full Name (Last, First, Middle Initial) A. Wisconsin Jobs Now, Inc.		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 1862 W Fond Du Lac Ave			
City Milwaukee	State WI	Zip Code 53205-1146	
Purpose of Disbursement Donation		<input type="checkbox"/> 012	FEC Identification Number C
Candidate Name		Transaction ID : VSG8M9VNB	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 15000.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) B. Working America		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 815 16Th St NW			
City Washington	State DC	Zip Code 20006-4101	
Purpose of Disbursement Donation		<input type="checkbox"/> 012	FEC Identification Number C
Candidate Name		Transaction ID : VSG8M9VNCI	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 250000.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:			

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

SUBTOTAL of Disbursements This Page (optional).....▶	265000.00
TOTAL This Period (last page this line number only).....▶	500117.76

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 325 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AFSCME Council 32			Nature of Debt (Purpose): Postage
Mailing Address 8033 Excelsior Dr			
City Madison	State WI	Zip Code 53717-2900	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MR8	
Amount Incurred This Period 1795.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 1795.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AFSCME Special Account			Nature of Debt (Purpose): Robocalls
Mailing Address 1625 L St NW			
City Washington	State DC	Zip Code 20036-5665	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MS6	
Amount Incurred This Period 25000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bouchard Gold Communications			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address 1617 W 6Th St Ste B			
City Austin	State TX	Zip Code 78703-5080	

Outstanding Balance Beginning This Period 9841.73	Transaction ID : VSEA49H88V4	
Amount Incurred This Period 0.00	Payment This Period 9841.73	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	26795.88
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 326 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Centaur North Strategies			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address PO Box 1474			
City Whittier	State CA	Zip Code 90609-1474	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MT4	
Amount Incurred This Period 9500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fedex Office			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address 1612 K St NW			
City Washington	State DC	Zip Code 20006-2802	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MV2	
Amount Incurred This Period 44.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 44.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fieldworks LLC			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address PO Box 9897			
City Washington	State DC	Zip Code 20016-8897	

Outstanding Balance Beginning This Period 174.80	Transaction ID : VSEA49H8GJ2	
Amount Incurred This Period 213.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 388.18

1) SUBTOTALS This Period This Page (optional)..... ▶	9932.84
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 327 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor For Our Future Action Fund			Nature of Debt (Purpose): Canvassing Services
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	

Outstanding Balance Beginning This Period <input type="text" value="126209.99"/>	Transaction ID : VSEA49H7E98	
Amount Incurred This Period <input type="text" value="197011.57"/>	Payment This Period <input type="text" value="126209.99"/>	Outstanding Balance at Close of This Period <input type="text" value="197011.57"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSG Campaigns			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 1201 W 5Th St Ste F105			
City Los Angeles	State CA	Zip Code 90017-5120	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : VSEA49H8GK0	
Amount Incurred This Period <input type="text" value="9400.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Image Plus Graphics, Inc.			Nature of Debt (Purpose): Printing - Stickers
Mailing Address 1440 NE 131St St			
City North Miami	State FL	Zip Code 33161-4424	

Outstanding Balance Beginning This Period <input type="text" value="3462.00"/>	Transaction ID : VSEA49H8GM8	
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="3462.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="210873.57"/>
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 328 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Las Vegas Chinese Daily News			Nature of Debt (Purpose): Newspaper Advertisement
Mailing Address 4215 Spring Mountain Rd Ste B206A			
City Las Vegas	State NV	Zip Code 89102-8747	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MX6	
Amount Incurred This Period 2700.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lee, Mark, , ,			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 8253 Rush St			
City Rosemead	State CA	Zip Code 91770-3614	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : VSEA49H8GN5	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mack-Sumner Communications, LLC			Nature of Debt (Purpose): Printing - Stickers
Mailing Address 2001 N Beauregard St Ste 420			
City Alexandria	State VA	Zip Code 22311-1750	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MY4	
Amount Incurred This Period 56289.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 56289.96

1) SUBTOTALS This Period This Page (optional)..... ▶	61989.96
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 329 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control			Nature of Debt (Purpose): Canvassing Literature
Mailing Address 624 Hebron Ave Ste 200			
City Glastonbury	State CT	Zip Code 06033-5006	

Outstanding Balance Beginning This Period 2760.00	Transaction ID : VSEA49H8GP3	
Amount Incurred This Period 0.00	Payment This Period 2760.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor New Partners Teleservices			Nature of Debt (Purpose): Voter Outreach Calls
Mailing Address PO Box 5021			
City Saint Cloud	State MN	Zip Code 56302-5021	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MC4	
Amount Incurred This Period 84000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex			Nature of Debt (Purpose): Canvassing Services
Mailing Address 1175 John St			
City West Henrietta	State NY	Zip Code 14586-9102	

Outstanding Balance Beginning This Period 156301.82	Transaction ID : VSEA49H8BG4	
Amount Incurred This Period 0.00	Payment This Period 156301.82	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	84000.00
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 330 OF 529
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Redfern, Jacob, , ,			Nature of Debt (Purpose): Postage
Mailing Address 935 Craig St			
City McKeesport	State PA	Zip Code 15132-1827	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MW8	
Amount Incurred This Period 160.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 160.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RKJ Promotions			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 5455 S Fort Apache Rd Ste 108-114			
City Las Vegas	State NV	Zip Code 89148-6408	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : VSEA49H8GQ1	
Amount Incurred This Period 1081.25	Payment This Period 3081.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waterfront Strategies			Nature of Debt (Purpose): Advertising and Mail Production and Design
Mailing Address 3050 K St NW NW Ste. 100			
City Washington	State DC	Zip Code 20007-5108	

Outstanding Balance Beginning This Period 76358.60	Transaction ID : VSEA49H8GR9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 76358.60

1) SUBTOTALS This Period This Page (optional)..... ▶	76518.60
2) TOTALS This Period (last page this line number only)..... ▶	470110.85
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) ▶	470110.85

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Council 32 *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 8033 Excelsior Dr		Amount <input type="text"/>	
City Madison	State WI	Zip Code 53717-2900	Transaction ID : VSG8M9TVZX8
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Council 32 *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 8033 Excelsior Dr		Amount <input type="text"/>	
City Madison	State WI	Zip Code 53717-2900	Transaction ID : VSG8M9TVZY6
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure In-Kind Received: Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 4400.00
Transaction ID : VSG8M9TVR05
Date of Disbursement or Obligation

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House District:
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 250737.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure In-Kind Received: Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 2000.00
Transaction ID : VSG8M9TVR13
Date of Disbursement or Obligation

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: House District:
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 250737.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Special Account *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1625 L St NW		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20036-5665	Transaction ID : VSG8M9TVR21
Purpose of Expenditure In-Kind Received: Voter Outreach Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Special Account *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1625 L St NW		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20036-5665	Transaction ID : VSG8M9TWHN5
Purpose of Expenditure Robocalls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , ,

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Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee AFSCME Special Account * <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1625 L St NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036-5665
Purpose of Expenditure Robocalls	Category/Type <input type="text"/>	Transaction ID : VSG8M9TWHP3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
		6250.00

Full Name of Payee AFSCME Special Account * <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1625 L St NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036-5665
Purpose of Expenditure Robocalls	Category/Type <input type="text"/>	Transaction ID : VSG8M9TWHQ1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Johnson, Ronald Harold, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
		6250.00

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Asian Journal Publications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
Mailing Address 3700 W Desert Inn Rd Ste A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4000.00 </div>		
City Las Vegas	State NV	Zip Code 89102-8377			
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	Transaction ID : VSG8M9TM321 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 361383.02			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 Asian Journal Publications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Mailing Address 3700 W Desert Inn Rd Ste A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2000.00 </div>		
City Las Vegas	State NV	Zip Code 89102-8377			
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	Transaction ID : VSG8M9TSQ24 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 361383.02			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%;"> 6000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Asian Journal Publications
Mailing Address 3700 W Desert Inn Rd Ste A
City Las Vegas State NV Zip Code 89102-8377
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 1000.00
Transaction ID : VSG8M9TWCJ9
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Asian Journal Publications
Mailing Address 3700 W Desert Inn Rd Ste A
City Las Vegas State NV Zip Code 89102-8377
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 1000.00
Transaction ID : VSG8M9TWCJ5
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5314.23</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Category/Type 004	Transaction ID : VSG8M9VMP14 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Name of Federal Candidate: NELSON, TOM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31643.66</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 Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1646.71</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Category/Type 004	Transaction ID : VSG8M9VMPA6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">250737.32</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;">6960.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/12/2016
Amount 617.04
Transaction ID : VSG8M9VMPF5
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House District:
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 250737.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/15/2016
Amount 1646.71
Transaction ID : VSG8M9VMPH1
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2263.75
(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.

Bidel-Niyat, Shirin, , [Electronically Filed]
Signature Date 01/27/2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2016
Mailing Address 1617 W 6Th St Ste B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">617.04</div>
City Austin State TX Zip Code 78703-5080		
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Transaction ID : VSG8M9VMPK7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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 Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
Mailing Address 1617 W 6Th St Ste B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18175.00</div>
City Austin State TX Zip Code 78703-5080		
Purpose of Expenditure Printing - Canvassing Literature		Transaction ID : VSG8M9TWHC4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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;">18792.04</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">18175.00</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/Type 004	Transaction ID : VSG8M9TWHDD2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 250737.32			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 Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">23698.85</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/Type 004	Transaction ID : VSG8M9TWHE0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5721092.10			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%;">41873.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 23698.85
Transaction ID : VSG8M9TWHF8
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 2422.57
Transaction ID : VSG8M9TWHF5
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: NELSON, TOM, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26121.42
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination 10 / 20 / 2016	
Mailing Address PO Box 1474		Amount 5909.27	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 361383.02		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 Centaur North Strategies		Date of Public Distribution/Dissemination 10 / 20 / 2016	
Mailing Address PO Box 1474		Amount 2462.20	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail		Category/Type 004	
Name of Federal Candidate: HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 361383.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	8371.47
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 1477.31
Transaction ID : VSG8M9TMBD6
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 9921.60
Transaction ID : VSG8M9TMBR9
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 11398.91
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies	Date of Public Distribution/Dissemination 10 / 20 / 2016			
Mailing Address PO Box 1474	Amount 6614.40 Transaction ID : VSG8M9TMBX9 Date of Disbursement or Obligation / / 			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Whittier</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90609-1474</td> </tr> </table>		City Whittier	State CA	Zip Code 90609-1474
City Whittier		State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail				
Name of Federal Candidate: <input type="checkbox"/> Support HECK, JOE, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought 361383.02	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 Centaur North Strategies	Date of Public Distribution/Dissemination 10 / 21 / 2016			
Mailing Address PO Box 1474	Amount 2550.00 Transaction ID : VSG8M9TMD05 Date of Disbursement or Obligation 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Whittier</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90609-1474</td> </tr> </table>		City Whittier	State CA	Zip Code 90609-1474
City Whittier		State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Canvassing Literature				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	9164.40
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Centaur North Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2016</div>
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2550.00</div>
City Whittier State CA Zip Code 90609-1474	
Purpose of Expenditure Printing - Canvassing Literature Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02	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 Centaur North Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2016</div>
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">40817.92</div>
City Whittier State CA Zip Code 90609-1474	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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: 150px;">43367.92</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	4984.62
Purpose of Expenditure Actual Cost for Direct Mail		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
5721092.10		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	40817.92
Purpose of Expenditure Actual Cost for Direct Mail		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
361383.02		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
45802.54	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Actual Cost for Direct Mail
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 4984.62
Transaction ID : VSG8M9TPGF5
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Actual Cost for Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 10840.40
Transaction ID : VSG8M9TSPQ7
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15825.02
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 1474		Amount <input type="text"/> 14580.24
City Whittier	State CA	
Zip Code 90609-1474	Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TV9W3
Purpose of Expenditure Direct Mail Services		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: NV
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02		

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 1474		Amount <input type="text"/> 2430.04
City Whittier	State CA	
Zip Code 90609-1474	Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TV9X1
Purpose of Expenditure Direct Mail Services		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="text"/> 17010.28
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<input type="text"/>
(a) TOTAL Independent Expenditures	▶	<input type="text"/>

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.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date / /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 1474	Amount <input type="text"/> 2430.04 Transaction ID : VSG8M9TV9Y9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Whittier State CA Zip Code 90609-1474	
Purpose of Expenditure Direct Mail Services Category/Type <input type="text"/> 004	

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	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 Centaur North Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 1474	Amount <input type="text"/> 3878.20 Transaction ID : VSG8M9TVQK2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Whittier State CA Zip Code 90609-1474	
Purpose of Expenditure Direct Mail Services Category/Type <input type="text"/> 004	

Name of Federal Candidate: HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 6308.24
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address PO Box 1474		Amount M M / D D / Y Y Y Y Y Y 1551.28	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TVQN8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 361383.02		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 Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address PO Box 1474		Amount M M / D D / Y Y Y Y Y Y 2326.92	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TVQP6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 5721092.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y 3878.20
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y _____
(a) TOTAL Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y _____

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Centaur North Strategies *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TWHH3
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Centaur North Strategies *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TWHJ1
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

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 <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8172.00</div> Transaction ID : VSG8M9TPH41 Date of Disbursement or Obligation 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Extra Extras, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8172.00</div> Transaction ID : VSG8M9TPH59 Date of Disbursement or Obligation 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004				
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought 361383.02	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; text-align: right;">16344.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2016</div>						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8172.00</div> Transaction ID : VSG8M9TPH67 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5721092.10</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 Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2016</div>						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8172.00</div> Transaction ID : VSG8M9TPH91 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">361383.02</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: 150px; text-align: right;">16344.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 9774.00
Transaction ID : VSG8M9TV8K1
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 9774.00
Transaction ID : VSG8M9TV8M9
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 19548.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 9774.00 Transaction ID : VSG8M9TV8N7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	

Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 9774.00 Transaction ID : VSG8M9TV8P5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	

Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 19548.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

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Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 3870.00 Transaction ID : VSG8M9VND06 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 3870.00 Transaction ID : VSG8M9VND22 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 7740.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 3870.00
Transaction ID : VSG8M9VND30
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 361383.02

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 3870.00
Transaction ID : VSG8M9VND48
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 361383.02

(a) SUBTOTAL of Itemized Independent Expenditures 7740.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8				
Category/Type 004	Transaction ID : VSG8M9VNDE7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 21 / 2016 </div>			

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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 Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8				
Category/Type 004	Transaction ID : VSG8M9VNDF4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 21 / 2016 </div>			

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;">5544.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

 / /
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 2772.00 Transaction ID : VSG8M9VNDG2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Weslaco TX 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type <input type="text"/> 004	
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> NV </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 2772.00 Transaction ID : VSG8M9VNDH0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Weslaco TX 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type <input type="text"/> 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> NV </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5544.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 1290.00 Transaction ID : VSG8M9VNHB2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 004	
Name of Federal Candidate: TITUS, DINA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14002.26	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 Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 1290.00 Transaction ID : VSG8M9VNHC0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 004	
Name of Federal Candidate: ROSEN, JACKY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12275.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2580.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2724.00 </div> Transaction ID : VSG8M9VNHE6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TITUS, DINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NV						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 14002.26 </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 Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2724.00 </div> Transaction ID : VSG8M9VNHG2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSEN, JACKY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12275.99 </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; text-align: right;"> 5448.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5448.00 </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

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 <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3258.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:17%; padding: 2px;">State TX</td> <td style="width:50%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
Name of Federal Candidate: TITUS, DINA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 14002.26				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				
District: <u>01</u> State: <u>NV</u>				
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 Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3258.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:17%; padding: 2px;">State TX</td> <td style="width:50%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
Name of Federal Candidate: ROSEN, JACKY, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 12275.99				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate				
District: <u>03</u> State: <u>NV</u>				
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: 150px;">6516.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Signature Bidel-Niyat, Shirin, , ,

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

01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 924.00 Transaction ID : VSG8M9VNHP9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TITUS, DINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14002.26	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 Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 924.00 Transaction ID : VSG8M9VNHQ7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSEN, JACKY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12275.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1848.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

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 <input checked="" type="checkbox"/> Memo Item Fedex Office *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016			
Mailing Address 1612 K St NW	Amount 22.33 Transaction ID : VSG8M9TT3S0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20006-2802</td> </tr> </table>		City Washington	State DC	Zip Code 20006-2802
City Washington		State DC	Zip Code 20006-2802	
Purpose of Expenditure Printing - Canvassing Literature				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fedex Office *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016			
Mailing Address 1612 K St NW	Amount 22.33 Transaction ID : VSG8M9TT3T8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20006-2802</td> </tr> </table>		City Washington	State DC	Zip Code 20006-2802
City Washington		State DC	Zip Code 20006-2802	
Purpose of Expenditure Printing - Canvassing Literature				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
--	---

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 <input checked="" type="checkbox"/> Memo Item Fieldworks LLC *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016						
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 106.69 </div> Transaction ID : VSG8M9TNE38 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20016-8897</td> </tr> </table>		City	State	Zip Code	Washington	DC	20016-8897
City		State	Zip Code				
Washington	DC	20016-8897					
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5721092.10 </div>							

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 20059.05 </div> Transaction ID : VSG8M9TPHB6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20016-8897</td> </tr> </table>		City	State	Zip Code	Washington	DC	20016-8897
City		State	Zip Code				
Washington	DC	20016-8897					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5721092.10 </div>							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 20059.05 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1184.70 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	Category/Type 004			
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 361383.02 </div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1184.70 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: HECK, JOE, , ,	Category/Type 004			
Name of Federal Candidate: HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 361383.02 </div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2369.40 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017
 Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1184.70</div> Transaction ID : VSG8M9TPHE0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KIHUEN, RUBEN, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>04</u> State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5102.13</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 Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4475.10</div> Transaction ID : VSG8M9TPHF8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">85347.65</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; text-align: right;">5659.80</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 14399.25
Transaction ID : VSG8M9TPHG6
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 930676.78

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 15583.95
Transaction ID : VSG8M9TPHH4
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 29983.20
(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.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 01/27/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 28041.00
Transaction ID : VSG8M9TV8S9
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 21117.45
Transaction ID : VSG8M9TV8T7
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49158.45
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1255.20
Transaction ID : VSG8M9TV8V5
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1255.20
Transaction ID : VSG8M9TV8X0
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: KIHUEN, RUBEN, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2510.40
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Fieldworks LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/> 1255.20 Transaction ID : VSG8M9TV8Y8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Fieldworks LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/> 6923.55 Transaction ID : VSG8M9TV8Z6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 8178.75
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 19862.25
Transaction ID : VSG8M9TV904
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 19862.25
Transaction ID : VSG8M9TV912
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39724.50
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </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 Fieldworks LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9514.43 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Category/Type 004			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016	Transaction ID : VSG8M9VNHR5			

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 7696.93 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23				
Name of Federal Candidate: TRUMP, DONALD J., , ,	Category/Type 004			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016	Transaction ID : VSG8M9VNHS3			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17211.36 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17211.36 </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/> 6788.63 Transaction ID : VSG8M9VNHT1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	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 Fieldworks LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/> 6788.63 Transaction ID : VSG8M9NVNHV8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 13577.26
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 908.10
Transaction ID : VSG8M9VNHW6
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 908.10
Transaction ID : VSG8M9VNHX4
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: HECK, JOE, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1816.20
(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.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date 01/27/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	1817.70
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	Transaction ID : VSG8M9VNKG5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	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 Fieldworks LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	908.10
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	Transaction ID : VSG8M9VNKH3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KIHUEN, RUBEN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5102.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2725.80
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14399.25</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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 Fieldworks LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12393.53</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;">26792.78</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

 / /
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9617.78</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Fieldworks LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8711.48</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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; text-align: right;">18329.26</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 8711.48 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 906.30 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 361383.02	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%;">9617.78</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 906.30 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02	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 Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2775.75 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 85347.65	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: 150px;">3682.05</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 906.30
Transaction ID : VSG8M9VNKT4
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: KIHUEN, RUBEN, ,
Support Oppose
Office Sought: House District: 04
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5102.13
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 106.69
Transaction ID : VSG8M9TNE46
Date of Disbursement or Obligation

Name of Federal Candidate: ROSS, DEBORAH, K, ,
Support Oppose
Office Sought: House District:
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 85347.65
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 906.30
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/10/2016
Amount 954.00
Transaction ID : VSG8M9VNM02
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: Rubio, Marco, , ,
Support Oppose
Office Sought: House Senate
President
Disbursement For: Primary General
Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/10/2016
Amount 2862.00
Transaction ID : VSG8M9VNM19
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: MURPHY, PATRICK E, , ,
Support Oppose
Office Sought: House Senate
President
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3816.00
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">623.58</div> Transaction ID : VSG8M9VNM27 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 192443.85	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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7187.58</div> Transaction ID : VSG8M9VNM35 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 930676.78	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; text-align: right;">7811.16</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7187.58</div>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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 For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15443.16</div>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report	
Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;">22630.74</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9VNM69
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9VNM77
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: PORTMAN, ROB, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 754.86
Transaction ID : VSG8M9VNNH7
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 754.86
Transaction ID : VSG8M9VNNJ5
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: PORTMAN, ROB, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1509.72
(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.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 01/27/2017
Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9VNNK2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report	Category/Type 004
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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 For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9VNNM0 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report	Category/Type 004
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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;"> M M / D D / Y Y Y Y Y Y </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6531.18</div> Transaction ID : VSG8M9VNNN8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6531.18</div> Transaction ID : VSG8M9VNNP6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report Category/Type 004	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 930676.78	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; text-align: right;">13062.36</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 16115.44
Transaction ID : VSG8M9VNNQ4
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 16115.44
Transaction ID : VSG8M9VNNR2
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32230.88
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 01/27/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 50857.42
Transaction ID : VSG8M9TV9F1
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 50857.42
Transaction ID : VSG8M9TV9G9
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	Amount M M M M . M M 15183.94
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type 004	Transaction ID : VSG8M9TV9H6 Date of Disbursement or Obligation M M M M / D D D D / Y Y Y Y Y Y
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		M M M M . M M 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *			Date of Public Distribution/Dissemination M M M M / D D D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	Amount M M M M . M M 5061.31
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type 004	Transaction ID : VSG8M9TV9J4 Date of Disbursement or Obligation M M M M / D D D D / Y Y Y Y Y Y
Name of Federal Candidate: Rubio, Marco, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		M M M M . M M 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M . M M 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M . M M
(a) TOTAL Independent Expenditures ▶	M M M M . M M

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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

M M M M / D D D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1503.36
Transaction ID : VSG8M9TV9K2
Date of Disbursement or Obligation

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 8863.56
Transaction ID : VSG8M9TV9M0
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 8863.56
Transaction ID : VSG8M9TV9N8
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2016

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1503.36
Transaction ID : VSG8M9VNNV6
Date of Disbursement or Obligation

Name of Federal Candidate: PORTMAN, ROB, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18653.25</div> Transaction ID : VSG8M9VNNW4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18653.25</div> Transaction ID : VSG8M9VNNX1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 4214.73
Transaction ID : VSG8M9VNNY9
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 908.28
Transaction ID : VSG8M9VNNZ7
Date of Disbursement or Obligation

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House District:
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 192443.85
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 5073.84 Transaction ID : VSG8M9VNP05 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 4214.73 Transaction ID : VSG8M9VNP13 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9VNP21
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: PORTMAN, ROB, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9VNP39
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rubio, Marco, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 49679.78
Transaction ID : VSG8M9TPHJ2
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 49679.78
Transaction ID : VSG8M9TPHK0
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 99359.56
(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.

Bidel-Niyat, Shirin, , [Electronically Filed]
Signature

Date 01/27/2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHM8
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHN5
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rubio, Marco, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHP3
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: STRICKLAND, TED, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHQ1
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Kathleen Alana, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 7642.08
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 For Our Future Action Fund	Date of Public Distribution/Dissemination 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 393.84
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report Category/Type 004	
Name of Federal Candidate: PORTMAN, ROB, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 192443.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	8035.92
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 3905.58
Transaction ID : VSG8M9VNMK2
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2016

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 3905.58
Transaction ID : VSG8M9VNMN7
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 7811.16
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">393.84</div>	
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">373.50</div>	
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type 004	
Name of Federal Candidate: Rubio, Marco, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1135147.12</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; text-align: right;">767.34</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1120.50</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNMW3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
Name of Federal Candidate: MURPHY, PATRICK E, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7287.42</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNMZ6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
Name of Federal Candidate: TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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; text-align: right;">8407.92</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7287.42</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNN44 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27630.50</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Transaction ID : VSG8M9VNN86 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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; text-align: right;">34917.92</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 27630.50
Transaction ID : VSG8M9VNN93
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 4008.96
Transaction ID : VSG8M9VNNA1
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 31639.46
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 888 16Th St NW Ste 650		Amount M M / D D / Y Y Y Y Y Y 469.80	
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 192443.85		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 888 16Th St NW Ste 650		Amount M M / D D / Y Y Y Y Y Y 8681.90	
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 1135147.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	9151.70
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee For Our Future Action Fund <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 888 16Th St NW Ste 650	Amount <input type="text"/> 4008.96 Transaction ID : VSG8M9VNNDS5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee For Our Future Action Fund <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 888 16Th St NW Ste 650	Amount <input type="text"/> 469.80 Transaction ID : VSG8M9VNNE3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: PORTMAN, ROB, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4478.76
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9VNNF1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate: Rubio, Marco, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9VNNS0 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate: PORTMAN, ROB, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 192443.85	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 60022.22
Transaction ID: VSG8M9VNP55
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 60022.22
Transaction ID: VSG8M9VNP88
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120044.44
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 120557		Amount <input type="text"/>	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9VNP96
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Kathleen Alana, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 120557		Amount <input type="text"/>	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9VNPC0
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 34410.34
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5352.13</div>
City Boston	State MA	
Zip Code 02112-0557	Category/ Type 004	Transaction ID : VSG8M9VNPDB Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,
Name of Federal Candidate: Rubio, Marco, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">16056.39</div>
City Boston	State MA	
Zip Code 02112-0557	Category/ Type 004	Transaction ID : VSG8M9VNPG2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,
Name of Federal Candidate: MURPHY, PATRICK E, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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: 150px;">21408.52</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 20 / 2016 </div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4144.48</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	Category/Type 004

Name of Federal Candidate: KANDER, JASON, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">53211.43</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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">232679.40</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type 004

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;">236823.88</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Signature Bidel-Niyat, Shirin, , , *[Electronically Filed]* Date 01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount 232679.40
City Boston	State MA	
Zip Code 02112-0557	Transaction ID : VSG8M9TVA39 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount 100457.52
City Boston	State MA	
Zip Code 02112-0557	Transaction ID : VSG8M9TVAB2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: McGinty, Kathleen Alana, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought 930676.78		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	333136.92
(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.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 100457.52
Transaction ID: VSG8M9TVAD8
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 930676.78

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 125793.92
Transaction ID: VSG8M9TPJ10
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 226251.44
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016						
Mailing Address PO Box 120557	Amount 125793.92 Transaction ID : VSG8M9TPJ36 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Boston</td> <td>MA</td> <td>02112-0557</td> </tr> </table>		City	State	Zip Code	Boston	MA	02112-0557
City		State	Zip Code				
Boston	MA	02112-0557					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016						
Mailing Address PO Box 120557	Amount 30822.04 Transaction ID : VSG8M9TPJ44 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Boston</td> <td>MA</td> <td>02112-0557</td> </tr> </table>		City	State	Zip Code	Boston	MA	02112-0557
City		State	Zip Code				
Boston	MA	02112-0557					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support MURPHY, PATRICK E., ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	156615.96
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address PO Box 120557		Amount M M / D D / Y Y Y Y Y Y 10274.01	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9TPJ52 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/Type 004	
Name of Federal Candidate: Rubio, Marco, , ,		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address PO Box 120557		Amount M M / D D / Y Y Y Y Y Y 43601.81	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9TPJ60 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 930676.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	53875.82
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 43601.81 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 930676.78	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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12526.69 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	Category/Type 004		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 53211.43	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;"> M M / D D / Y Y Y Y Y Y 56128.50 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 49583.21
Transaction ID: VSG8M9TVA54
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 16527.74
Transaction ID: VSG8M9TVA88
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

(a) SUBTOTAL of Itemized Independent Expenditures 66110.95
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">16651.95</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	
Name of Federal Candidate: KANDER, JASON, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: MO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">82151.63</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">82151.63</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">98803.58</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 120557			Amount <input type="text"/> 82151.63 Transaction ID : VSG8M9VNQ81 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/Type <input type="text"/> 004	

Name of Federal Candidate: TRUMP, DONALD J., ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	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 Grassroots Campaigns, Inc.			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 120557			Amount <input type="text"/> 37023.77 Transaction ID : VSG8M9VNQ99 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/Type <input type="text"/> 004	

Name of Federal Candidate: McGinty, Kathleen Alana, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 119175.40
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , **[Electronically Filed]** Date / /
Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16922.95</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6176.13</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: KANDER, JASON, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 53211.43	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; text-align: right;">23099.08</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 37023.77
Transaction ID : VSG8M9VNQC3
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 930676.78

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 5640.98
Transaction ID : VSG8M9VNQD1
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

(a) SUBTOTAL of Itemized Independent Expenditures 42664.75
(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.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 01/27/2017
Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18510.00</div>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 GRSG Company	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18510.00</div>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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; text-align: right;">37020.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

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Date

01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6941.25</div> Transaction ID : VSG8M9TPHW1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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 GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2313.75</div> Transaction ID : VSG8M9TPHX9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: Rubio, Marco, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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;">9255.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <input type="text"/> 25038.00 Transaction ID : VSG8M9TV9P6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	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 GRSG Company	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <input type="text"/> 25038.00 Transaction ID : VSG8M9TV9Q4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 50076.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 9389.25
Transaction ID : VSG8M9TV9Z7
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 3129.75
Transaction ID : VSG8M9TVA05
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12519.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 11202.00
Transaction ID : VSG8M9VNQM6
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 11202.00
Transaction ID : VSG8M9VNNQ4
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22404.00
(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.

Bidel-Niyat, Shirin, ,

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Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1400.25</div> Transaction ID : VSG8M9VNQP2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 004	
Name of Federal Candidate: Rubio, Marco, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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 GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4200.75</div> Transaction ID : VSG8M9VNQQ0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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;">5601.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 11478.00
Transaction ID : VSG8M9VNQS5
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 11478.00
Transaction ID : VSG8M9VNQT3
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22956.00
(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.

Bidel-Niyat, Shirin, ,

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 1434.75
Transaction ID : VSG8M9VNQV1
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 4304.25
Transaction ID : VSG8M9VNQW9
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

(a) SUBTOTAL of Itemized Independent Expenditures 5739.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date 01/27/2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 3200.00 </div> Transaction ID : VSG8M9TM305 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Advertising Production and Design Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MASTO, CATHERINE CORTEZ, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 650.00 </div> Transaction ID : VSG8M9TMBE4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Advertising Production and Design Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 361383.02	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; text-align: right;"> M M / D D / Y Y Y Y Y Y 0.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div> Transaction ID : VSG8M9TMBG6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Advertising Production and Design Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> Transaction ID : VSG8M9TM2Y9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Advertising Production and Design Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 361383.02	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; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Los Angeles</td> <td style="width:17%; border-bottom: 1px solid black;">State CA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 90017-5120</td> </tr> </table>		City Los Angeles	State CA
City Los Angeles	State CA	Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Canvassing Literature Design	Category/Type 004		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Los Angeles</td> <td style="width:17%; border-bottom: 1px solid black;">State CA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 90017-5120</td> </tr> </table>		City Los Angeles	State CA
City Los Angeles	State CA	Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Canvassing Literature Design	Category/Type 004		
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV		
Calendar Year-To-Date Per Election for Office Sought 361383.02	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; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2016 </div>
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1000.00 </div>
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Direct Mail Services	Category/Type 004
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2016 </div>
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 250.00 </div>
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Estimated Cost for Advertising Design Services	Category/Type 004
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02	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; text-align: right;"> 0.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

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Date

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01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item HSG Campaigns *			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 1201 W 5Th St Ste F105			
City Los Angeles	State CA	Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 361383.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 1201 W 5Th St Ste F105			
City Los Angeles	State CA	Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 5721092.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee HSG Campaigns * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 W 5Th St Ste F105	Amount <input type="text"/> 125.00
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TV819 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSG Campaigns * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 W 5Th St Ste F105	Amount <input type="text"/> 90.00
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Design Services Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TVZR8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Direct Mail Design Services
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 37.50
Transaction ID: VSG8M9TVZV2
Date of Disbursement or Obligation

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 361383.02

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Direct Mail Design Services
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 22.50
Transaction ID: VSG8M9TVZW0
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Design Services
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 500.00
Transaction ID : VSG8M9TWCE8
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Design Services
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 500.00
Transaction ID : VSG8M9TWCF6
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Hustle, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Mailing Address 251 Kearny St Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div> Transaction ID : VSG8M9TW069 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
City State Zip Code San Francisco CA 94108-4544	
Purpose of Expenditure Digital Communications	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Hustle, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Mailing Address 251 Kearny St Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div> Transaction ID : VSG8M9TW077 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
City State Zip Code San Francisco CA 94108-4544	
Purpose of Expenditure Digital Communications	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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; text-align: right;">30000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Hustle, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 251 Kearny St Ste 300	Amount <input type="text"/> 17993.00 Transaction ID : VSG8M9TWQT6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City San Francisco State CA Zip Code 94108-4544	
Purpose of Expenditure Actual Cost for Digital Communications Category/Type <input type="text"/> 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	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 Hustle, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 251 Kearny St Ste 300	Amount <input type="text"/> 15000.00 Transaction ID : VSG8M9TWG06 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City San Francisco State CA Zip Code 94108-4544	
Purpose of Expenditure Digital Communications Category/Type <input type="text"/> 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 32993.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Hustle, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 251 Kearny St Ste 300	Amount <input type="text"/> 15000.00 Transaction ID : VSG8M9TWG14 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City San Francisco State CA Zip Code 94108-4544	
Purpose of Expenditure Digital Communications Category/Type <input type="text"/> 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Image Plus Graphics, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1440 NE 131St St	Amount <input type="text"/> 36545.85 Transaction ID : VSG8M9TNE12 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City North Miami State FL Zip Code 33161-4424	
Purpose of Expenditure Printing - Canvassing Literature Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 51545.85
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Image Plus Graphics, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Mailing Address 1440 NE 131St St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">36545.85</div>		
City North Miami	State FL	Zip Code 33161-4424			
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VSG8M9TNE20 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Name of Federal Candidate: MURPHY, PATRICK E, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1135147.12</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 IR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Mailing Address 1900 L St NW NW Ste. 611			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6000.00</div>		
City Washington	State DC	Zip Code 20036-5002			
Purpose of Expenditure Advertising Design Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VSG8M9TWC72 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5721092.10</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%;">42545.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Signature

Bidel-Niyat, Shirin, , ,

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

01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Las Vegas Chinese Daily News *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4215 Spring Mountain Rd Ste B206A		Amount <input type="text"/>	
City Las Vegas	State NV	Zip Code 89102-8747	Transaction ID : VSG8M9TM2Z7
Purpose of Expenditure Newspaper Advertisement		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Las Vegas Chinese Daily News *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4215 Spring Mountain Rd Ste B206A		Amount <input type="text"/>	
City Las Vegas	State NV	Zip Code 89102-8747	Transaction ID : VSG8M9TT3W2
Purpose of Expenditure Newspaper Advertisement		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Las Vegas Chinese Daily News
Mailing Address 4215 Spring Mountain Rd Ste B206A
City Las Vegas State NV Zip Code 89102-8747
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 450.00
Transaction ID : VSG8M9TWFY1
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Las Vegas Chinese Daily News
Mailing Address 4215 Spring Mountain Rd Ste B206A
City Las Vegas State NV Zip Code 89102-8747
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 450.00
Transaction ID : VSG8M9TWFZ8
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose Office Sought: Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Lee, Mark, , , Memo Item
Mailing Address 8253 Rush St
City Rosemead State CA Zip Code 91770-3614
Purpose of Expenditure Advertising Design Services Category/Type 004
Date of Public Distribution/Dissemination 10 / 28 / 2016
Amount 1000.00
Transaction ID : VSG8M9TT3V6
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , Support
Office Sought: Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02
Disbursement For: General 2016

Full Name of Payee Lee, Mark, , , Memo Item
Mailing Address 8253 Rush St
City Rosemead State CA Zip Code 91770-3614
Purpose of Expenditure Advertising Design Services Category/Type 004
Date of Public Distribution/Dissemination 11 / 04 / 2016
Amount 500.00
Transaction ID : VSG8M9TWF5
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support
Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Lee, Mark, , , Memo Item
Mailing Address 8253 Rush St
City Rosemead State CA Zip Code 91770-3614
Purpose of Expenditure Advertising Design Services Category/Type 004
Date of Public Distribution/Dissemination 11 / 04 / 2016
Amount 500.00
Transaction ID : VSG8M9TWF3
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , Support
Office Sought: Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02
Disbursement For: General 2016

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beaugard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10 / 25 / 2016
Amount 33814.56
Transaction ID : VSG8M9TQJV2
Date of Disbursement or Obligation 10 / 25 / 2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support
Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 33814.56
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/25/2016
Amount 33814.57
Transaction ID : VSG8M9TQJW0
Date of Disbursement or Obligation 10/25/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Actual Cost for Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/26/2016
Amount 38168.09
Transaction ID : VSG8M9TQJP3
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 71982.66
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Actual Cost for Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/26/2016
Amount 38168.09
Transaction ID : VSG8M9TQJQ1
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 41442.18
Transaction ID : VSG8M9TT3K3
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 79610.27
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 2001 N Beauregard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41442.18</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TT3M1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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 Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 2001 N Beauregard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54191.50</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TT3N9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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; text-align: right;">95633.68</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/> 54191.50
City Alexandria	State VA	
Zip Code 22311-1750	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9TT3P7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Direct Mail Services		
Name of Federal Candidate: MURPHY, PATRICK E, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12		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 Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/> 41533.41
City Alexandria	State VA	
Zip Code 22311-1750	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9TT3R2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Direct Mail Services		
Name of Federal Candidate: MURPHY, PATRICK E, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 95724.91
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140645.23</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TV7S6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10		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 Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140645.22</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TV7T4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1135147.12		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;">281290.45</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications, LLC *	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 05 / 2016
Mailing Address 2001 N Beauregard St Ste 420	Amount <input type="text"/> 28144.98 Transaction ID : VSG8M9TWH8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Printing - Stickers Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications, LLC *	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 05 / 2016
Mailing Address 2001 N Beauregard St Ste 420	Amount <input type="text"/> 28144.98 Transaction ID : VSG8M9TWHB6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Printing - Stickers Category/Type 004	

Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 41533.42
Transaction ID : VSG8M9TT3Q4
Date of Disbursement or Obligation 11/18/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Mission Control
Mailing Address 624 Hebron Ave Ste 200
City Glastonbury State CT Zip Code 06033-5006
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 42500.61
Transaction ID : VSG8M9TPG74
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 84034.03
(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.

Bidel-Niyat, Shirin, ,

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Date

01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 19979.78 Transaction ID : VSG8M9TPG80 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 7492.42 Transaction ID : VSG8M9TPG98 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	

Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 27472.20
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 6017.52 Transaction ID : VSG8M9TPGA6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 7492.42 Transaction ID : VSG8M9TPGB4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 13509.94
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, . .

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Date / /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2016 </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 1380.00 </div> Transaction ID : VSG8M9VMY39 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Payment for Printing - Canvassing Literature Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 85347.65	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 Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2016 </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 1380.00 </div> Transaction ID : VSG8M9VMY47 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Paymentt for Printing - Canvassing Literature Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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; text-align: right;"> Y Y Y Y Y Y 2760.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y _____ </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">52778.48</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Doorhangers Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">54427.81</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Doorhangers Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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%;">107206.29</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mission Control
Mailing Address 624 Hebron Ave Ste 200
City Glastonbury State CT Zip Code 06033-5006
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/26/2016
Amount 2538.81
Transaction ID : VSG8M9TS1A0
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Mission Control
Mailing Address 624 Hebron Ave Ste 200
City Glastonbury State CT Zip Code 06033-5006
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/26/2016
Amount 2538.81
Transaction ID : VSG8M9TS1B7
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: ROSS, DEBORAH, K, ,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5077.62
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 56479.65 Transaction ID : VSG8M9TT3A2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 35208.31 Transaction ID : VSG8M9TT3B0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 91507.96
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 5004.04 Transaction ID : VSG8M9TT3C8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
City Glastonbury		State CT	Zip Code 06033-5006
Purpose of Expenditure Direct Mail Services		Category/ Type <input type="text"/> 004	
Name of Federal Candidate: ROSS, DEBORAH, K, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 15043.79 Transaction ID : VSG8M9TT3D5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
City Glastonbury		State CT	Zip Code 06033-5006
Purpose of Expenditure Direct Mail Services		Category/ Type <input type="text"/> 004	
Name of Federal Candidate: ROSS, DEBORAH, K, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 20047.83
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, . ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 15043.79 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Glastonbury</td> <td style="width:17%; padding: 2px;">State CT</td> <td style="width:50%; padding: 2px;">Zip Code 06033-5006</td> </tr> </table>		City Glastonbury	State CT	Zip Code 06033-5006
City Glastonbury		State CT	Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Category/Type 004			
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 177310.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Glastonbury</td> <td style="width:17%; padding: 2px;">State CT</td> <td style="width:50%; padding: 2px;">Zip Code 06033-5006</td> </tr> </table>		City Glastonbury	State CT	Zip Code 06033-5006
City Glastonbury		State CT	Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Category/Type 004			
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 192353.79 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 192353.79 </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination / /
Mailing Address 624 Hebron Ave Ste 200	Amount
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TT3G9 Date of Disbursement or Obligation / /
Purpose of Expenditure Direct Mail Services Category/Type 004	Date of Disbursement or Obligation / /

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Mission Control	Date of Public Distribution/Dissemination / /
Mailing Address 624 Hebron Ave Ste 200	Amount
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TT3H7 Date of Disbursement or Obligation / /
Purpose of Expenditure Printing - Canvassing Literature Category/Type 004	Date of Disbursement or Obligation / /

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	 58237.15
(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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

 / /
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>						
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1757.50</div> Transaction ID : VSG8M9TT3J5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Glastonbury</td> <td>CT</td> <td>06033-5006</td> </tr> </table>		City	State	Zip Code	Glastonbury	CT	06033-5006
City		State	Zip Code				
Glastonbury	CT	06033-5006					
Purpose of Expenditure Printing - Canvassing Literature							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought 85347.65	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 Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>						
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">56479.65</div> Transaction ID : VSG8M9TVQQ4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Glastonbury</td> <td>CT</td> <td>06033-5006</td> </tr> </table>		City	State	Zip Code	Glastonbury	CT	06033-5006
City		State	Zip Code				
Glastonbury	CT	06033-5006					
Purpose of Expenditure Direct Mail Services							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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;">58237.15</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">56479.65</div>
City State Zip Code Glastonbury CT 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 New Partners Consulting, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>
Mailing Address 1250 I St NW Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2500.00</div>
City State Zip Code Washington DC 20005-5994	
Purpose of Expenditure Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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: 150px; text-align: right;">58979.65</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee New Partners Consulting, Inc.
Mailing Address 1250 I St NW Ste 200
City Washington State DC Zip Code 20005-5994
Purpose of Expenditure Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 2500.00
Transaction ID : VSG8M9TT3Y8
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee New Partners Teleservices
Mailing Address PO Box 5021
City Saint Cloud State MN Zip Code 56302-5021
Purpose of Expenditure Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 10/30/2016
Amount 42000.00
Transaction ID : VSG8M9VMYB2
Date of Disbursement or Obligation

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2500.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01/27/2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input checked="" type="checkbox"/> Memo Item New Partners Teleservices *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016						
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div> Transaction ID : VSG8M9VMYC0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Saint Cloud</td> <td>MN</td> <td>56302-5021</td> </tr> </table>		City	State	Zip Code	Saint Cloud	MN	56302-5021
City		State	Zip Code				
Saint Cloud	MN	56302-5021					
Purpose of Expenditure Voter Outreach Calls							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 5px auto;">5721092.10</div>						

Full Name of Payee <input type="checkbox"/> Memo Item New Partners Teleservices	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> Transaction ID : VSG8M9VMYF3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Saint Cloud</td> <td>MN</td> <td>56302-5021</td> </tr> </table>		City	State	Zip Code	Saint Cloud	MN	56302-5021
City		State	Zip Code				
Saint Cloud	MN	56302-5021					
Purpose of Expenditure Payment for Voter Outreach Calls							
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 5px auto;">361383.02</div>						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item New Partners Teleservices	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">500.00</div>
City Saint Cloud State MN Zip Code 56302-5021	
Purpose of Expenditure Payment for Voter Outreach Calls Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 New Partners Teleservices	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12500.00</div>
City Saint Cloud State MN Zip Code 56302-5021	
Purpose of Expenditure Payment for Voter Outreach Calls Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: FL <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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%;">13000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item New Partners Teleservices		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 5021		Amount <input type="text"/>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYH9
Purpose of Expenditure Payment for Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2046 Westchester Dr		Amount <input type="text"/>	
City Silver Spring	State MD	Zip Code 20902-3557	Transaction ID : VSG8M9TWCT3
Purpose of Expenditure Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Onyx Communications
Mailing Address 2046 Westchester Dr
City Silver Spring State MD Zip Code 20902-3557
Purpose of Expenditure Voter Outreach Calls Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 6250.00
Transaction ID : VSG8M9TWCV0
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House District:
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 85347.65
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Onyx Communications
Mailing Address 2046 Westchester Dr
City Silver Spring State MD Zip Code 20902-3557
Purpose of Expenditure Voter Outreach Calls Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 12500.00
Transaction ID : VSG8M9TW093
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18750.00
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2016 </div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12500.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Silver Spring</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 20902-3557</td> </tr> </table>		City Silver Spring	State MD	Zip Code 20902-3557
City Silver Spring		State MD	Zip Code 20902-3557	
Purpose of Expenditure Voter Outreach Calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 85347.65 </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 Onyx Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 04 / 2016 </div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 42000.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Silver Spring</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 20902-3557</td> </tr> </table>		City Silver Spring	State MD	Zip Code 20902-3557
City Silver Spring		State MD	Zip Code 20902-3557	
Purpose of Expenditure Voter Outreach Calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5721092.10 </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; text-align: right;"> 54500.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </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.

Signature Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">42000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Silver Spring</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 20902-3557</td> </tr> </table>		City Silver Spring	State MD	Zip Code 20902-3557
City Silver Spring		State MD	Zip Code 20902-3557	
Purpose of Expenditure Voter Outreach Calls	Category/Type 004			
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1135147.12</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5490.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	Category/Type 004			
Name of Federal Candidate: STRICKLAND, TED, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <u>OH</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">192443.85</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">47490.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Signature Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

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

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
--	---

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1063.37</div> Transaction ID : VSG8M9VNRH3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City West Henrietta</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3190.10</div> Transaction ID : VSG8M9VNRJ1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City West Henrietta</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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;">4253.47</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">659.74</div>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
Name of Federal Candidate: NELSON, TOM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">31643.66</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">659.74</div>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
Name of Federal Candidate: Gallagher, Michael John, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">31643.66</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
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: 150px;">1319.48</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 Signature

01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3509.35</div>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: WI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">250737.32</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3509.35</div>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
Name of Federal Candidate: Johnson, Ronald Harold, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: WI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">250737.32</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: 150px;">7018.70</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Signature Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y

01 / 27 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 21836.16
Transaction ID : VSG8M9VNRQ
Date of Disbursement or Obligation 10/20/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 5721092.10

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 21836.16
Transaction ID : VSG8M9VNRT4
Date of Disbursement or Obligation 10/20/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 43672.32
(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.

Bidel-Niyat, Shirin, ,
Signature

[Electronically Filed]

Date 01/27/2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50605.50</div> Transaction ID : VSG8M9TPGV0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9294.22</div> Transaction ID : VSG8M9TPGW8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support Johnson, Ronald Harold, , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI						
Calendar Year-To-Date Per Election for Office Sought 250737.32	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;">59899.72</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 9294.22
Transaction ID : VSG8M9TPGX6
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House Senate WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 1747.26
Transaction ID : VSG8M9TPGY4
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Gallagher, Michael John, ,
Support Oppose
Office Sought: House Senate WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11041.48
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 1747.26 Transaction ID : VSG8M9TPGZ2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
Category/Type <input type="text"/> 004	

Name of Federal Candidate: NELSON, TOM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 31643.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 6466.50 Transaction ID : VSG8M9TPH17 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
Category/Type <input type="text"/> 004	

Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 8213.76
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 2155.50
Transaction ID : VSG8M9TPH25
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 12600.00
Transaction ID : VSG8M9TPH33
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 14755.50
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 26092.31 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23				
Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 26092.31 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23				
Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 52184.62 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 6090.41
Transaction ID : VSG8M9VNS43
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 7267.50
Transaction ID : VSG8M9VNS51
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: PORTMAN, ROB, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 13357.91
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 652.50
Transaction ID : VSG8M9VNS69
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 1144.96
Transaction ID : VSG8M9VNS77
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Gallagher, Michael John, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1797.46
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6090.41</div> Transaction ID : VSG8M9VNS85 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>						
Calendar Year-To-Date Per Election for Office Sought	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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7267.50</div> Transaction ID : VSG8M9VNS93 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
Name of Federal Candidate: STRICKLAND, TED, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought	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; text-align: right;">13357.91</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
--	---

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1957.50</div> Transaction ID : VSG8M9VNSA1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: FL						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1135147.12</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1144.96</div> Transaction ID : VSG8M9VNSB8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose NELSON, TOM, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: WI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31643.66</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;">3102.46</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2016</div>						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12600.00</div> Transaction ID : VSG8M9VNSC6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: OH						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">192443.85</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">58937.45</div> Transaction ID : VSG8M9TV938 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5721092.10</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: 150px;">71537.45</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 58937.45 Transaction ID : VSG8M9TV946 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 7850.92 Transaction ID : VSG8M9TV954 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: Johnson, Ronald Harold, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 250737.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 66788.37
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7850.92</div> Transaction ID : VSG8M9TV962 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type 004				
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: WI			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">250737.32</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1475.92</div> Transaction ID : VSG8M9TV987 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type 004				
Name of Federal Candidate: Gallagher, Michael John, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: WI			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31643.66</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;">9326.84</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 1475.92 Transaction ID : VSG8M9TV995 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	
Category/Type <input type="text"/> 004	

Name of Federal Candidate: NELSON, TOM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 31643.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Paychex <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 14580.00 Transaction ID : VSG8M9TV9A3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	
Category/Type <input type="text"/> 004	

Name of Federal Candidate: STRICKLAND, TED, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 16055.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,
Signature [Electronically Filed]

Date / / 01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10057.50</div> Transaction ID : VSG8M9TV9B1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1135147.12</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3352.50</div> Transaction ID : VSG8M9TV9C7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1135147.12</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; text-align: right;">13410.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 14580.00 Transaction ID : VSG8M9VNSD4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	

Name of Federal Candidate: <input type="checkbox"/> Support PORTMAN, ROB, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85	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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 16108.59 Transaction ID : VSG8M9VNSE2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type <input type="text"/> 004	

Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 30688.59
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 16108.59
Transaction ID : VSG8M9VNSF0
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 5721092.10

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 539.26
Transaction ID : VSG8M9VNSG8
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 250737.32

(a) SUBTOTAL of Itemized Independent Expenditures 16647.85
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3240.00</div> Transaction ID : VSG8M9VNSH6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Canvassing Services from 11/7-11/8							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1458.00</div> Transaction ID : VSG8M9VNSJ4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Canvassing Services from 11/7-11/8							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1135147.12</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; text-align: right;">4698.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 101.38
Transaction ID : VSG8M9VNSK2
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: Gallagher, Michael John, ,
Support Oppose
Office Sought: House District: 08
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 31643.66
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 539.26
Transaction ID : VSG8M9VNSM0
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House District:
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 250737.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 640.64
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 3240.00
Transaction ID : VSG8M9VNSN7
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 4374.00
Transaction ID : VSG8M9VNSP5
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7614.00
(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.

Bidel-Niyat, Shirin, ,

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 101.38
Transaction ID : VSG8M9VNSQ3
Date of Disbursement or Obligation 11/09/2016

Name of Federal Candidate: NELSON, TOM, ,
Support Oppose
Office Sought: House President Senate
District: 08 State: WI
Calendar Year-To-Date Per Election for Office Sought 31643.66
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 4999.85
Transaction ID : VSG8M9TWCN3
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House President Senate
District: State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5101.23
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 4999.85
Transaction ID : VSG8M9TWCP1
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 120.80
Transaction ID : VSG8M9VN143
Date of Disbursement or Obligation 11/08/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5120.65
(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.

Bidel-Niyat, Shirin, ,

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Date

01 / 27 / 2017

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 120.79
Transaction ID : VSG8M9VN151
Date of Disbursement or Obligation 11/08/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Redfern, Jacob, ,
Mailing Address 935 Craig St
City McKeesport State PA Zip Code 15132-1827
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 80.00
Transaction ID : VSG8M9TWQV4
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.79
(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.

Bidel-Niyat, Shirin, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Redfern, Jacob, , , * Memo Item
Mailing Address 935 Craig St
City McKeesport State PA Zip Code 15132-1827
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11 / 04 / 2016
Amount 80.00
Transaction ID : VSG8M9TWQW2
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, , , Support Oppose
Office Sought: House District: President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Rising Tide Interactive Memo Item
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 10 / 21 / 2016
Amount 225.59
Transaction ID : VSG8M9TMCX1
Date of Disbursement or Obligation 10 / 27 / 2016

Name of Federal Candidate: TRUMP, DONALD J., , , Support Oppose
Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 225.59
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

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**SCHEDULE E (FEC Form 3X)
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NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Rising Tide Interactive	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2016</div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">184.58</div>
City State Zip Code Washington DC 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 361383.02	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 Rising Tide Interactive	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2016</div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">725.58</div>
City State Zip Code Washington DC 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 1135147.12	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%;">910.16</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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Bidel-Niyat, Shirin, , ,

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Date

M M / D D / Y Y Y Y Y Y

01 / 27 / 2017

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>		
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40683.80</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy	Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>		
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8717.95</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy	Category/Type 004		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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; text-align: right;">49401.75</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 8717.96
Transaction ID : VSG8M9TPGS4
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: KANDER, JASON, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 47930.71
Transaction ID : VSG8M9TSQ81
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56648.67
(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.

Bidel-Niyat, Shirin, ,

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**SCHEDULE E (FEC Form 3X)
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NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Rising Tide Interactive	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10270.92</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC	Zip Code 20005-3952
City Washington		State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	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 Rising Tide Interactive	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10270.93</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC	Zip Code 20005-3952
City Washington		State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy				
Name of Federal Candidate: ROSS, DEBORAH, K, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	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%;">20541.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
Signature 01 / 27 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 39801.44
Transaction ID : VSG8M9TT429
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 13267.15
Transaction ID : VSG8M9TT437
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 53068.59
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

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 <input type="checkbox"/> Memo Item Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13267.15 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC	Zip Code 20005-3952
City Washington		State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy				
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: <u>WI</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016			
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 250737.32 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item RKJ Promotions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 06 / 2016 </div>			
Mailing Address 5455 S Fort Apache Rd Ste 108-114	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 770.31 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Las Vegas</td> <td style="width:33%;">State NV</td> <td style="width:33%;">Zip Code 89148-6408</td> </tr> </table>		City Las Vegas	State NV	Zip Code 89148-6408
City Las Vegas		State NV	Zip Code 89148-6408	
Purpose of Expenditure Payment for Advertising Production and Design				
Name of Federal Candidate: HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016			
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 361383.02 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14037.46 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14037.46 </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RKJ Promotions
Mailing Address 5455 S Fort Apache Rd Ste 108-114
City Las Vegas State NV Zip Code 89148-6408
Purpose of Expenditure Payment for Advertising Production and Design
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J., , ,
Office Sought: X President
Disbursement For: X General 2016
Amount 2310.94
Transaction ID : VSG8M9VN1E2
Date of Disbursement or Obligation 10/21/2016

Full Name of Payee Snapchat
Mailing Address 8 Brooks Ave
City Venice State CA Zip Code 90291-2200
Purpose of Expenditure Actual Cost for Digital Advertising
Category/Type 004
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,
Office Sought: X Senate
Disbursement For: X General 2016
Amount 348.01
Transaction ID : VSG8M9TPGJ9
Date of Disbursement or Obligation 10/24/2016

(a) SUBTOTAL of Itemized Independent Expenditures 2658.95
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Snapchat	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 24 / 2016
Mailing Address 8 Brooks Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 34.95 </div> Transaction ID : VSG8M9VK9M0 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 24 / 2016
City Venice State CA Zip Code 90291-2200	
Purpose of Expenditure Actual Cost for Digital Advertising Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 20 / 2016
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4213.74 </div> Transaction ID : VSG8M9TMBT5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 27 / 2016
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;"> 4248.69 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017
 Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4213.74</div> Transaction ID : VSG8M9TMBV3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1135147.12</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 The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21689.98</div> Transaction ID : VSG8M9TPGG3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Actual Cost for Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5721092.10</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; text-align: right;">25903.72</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21689.97 </div> Transaction ID : VSG8M9TPGH1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004				
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5787.52 </div> Transaction ID : VSG8M9TT453 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2016 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 27477.49 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </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.

Bidel-Niyat, Shirin, , ,
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 5787.52
Transaction ID : VSG8M9TT461
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 3359.51
Transaction ID : VSG8M9TSQ66
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9147.03
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 3359.51 Transaction ID : VSG8M9TSQ73 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 1914.35 Transaction ID : VSG8M9TTCM0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5273.86
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 1914.36
Transaction ID : VSG8M9TTCP6
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1135147.12

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 15686.87
Transaction ID : VSG8M9TV827
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5721092.10

(a) SUBTOTAL of Itemized Independent Expenditures 17601.23
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;">15686.87</div> Transaction ID : VSG8M9TV835 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Actual Cost for Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px; display: inline-block;">1135147.12</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 The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;">2378.73</div> Transaction ID : VSG8M9TVQW4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Actual Cost for Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px; display: inline-block;">5721092.10</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 gray; padding: 2px; display: inline-block;">18065.60</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> </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.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 2378.74 Transaction ID : VSG8M9TVQX1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361383.02	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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 2554.10 Transaction ID : VSG8M9TVQY9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4932.84
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	Transaction ID : VSG8M9TVQZ7
Purpose of Expenditure Robocalls Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12	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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	Transaction ID : VSG8M9TVRR5
Purpose of Expenditure Robocalls Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1135147.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 3436.05
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">881.95</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5721092.10</div>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President				
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">23007.59</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5721092.10</div>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President				
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">23889.54</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 23007.59 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1135147.12 </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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1048.67 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> House State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5721092.10 </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; text-align: right;"> 24056.26 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </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.

Bidel-Niyat, Shirin, , ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 1048.67
Transaction ID : VSG8M9TW043
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 13668.75
Transaction ID : VSG8M9TWC98
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 14717.42
(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.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5451.59</div> Transaction ID : VSG8M9TWCC2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Estimated Cost for Robocalls				
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
1135147.12				

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13668.75</div> Transaction ID : VSG8M9TSQ40 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> State: _____			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
5721092.10				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19120.34</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

 [Electronically Filed]

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13668.75</div> Transaction ID : VSG8M9TSQ58 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004				
Name of Federal Candidate: STRICKLAND, TED, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought 192443.85	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 The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8558.88</div> Transaction ID : VSG8M9TWFT9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 14 / 2016			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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; text-align: right;">22227.63</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 04 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8558.88 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls	Category/Type 004			
Name of Federal Candidate: MURPHY, PATRICK E, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1135147.12 </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 The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8898.49 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls	Category/Type 004			
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5721092.10 </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; text-align: right;"> 17457.37 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, ,

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 01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination 11 / 05 / 2016
Mailing Address PO Box 187	Amount 8898.50
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 The Contact Group, Inc.	Date of Public Distribution/Dissemination 11 / 06 / 2016
Mailing Address PO Box 187	Amount 1403.57
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WI
Calendar Year-To-Date Per Election for Office Sought 250737.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	10302.07
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

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Date

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Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3047.10</div> Transaction ID : VSG8M9TWQM9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 14 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
5721092.10				

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3047.11</div> Transaction ID : VSG8M9TWQN7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 14 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004				
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
1135147.12				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6094.21</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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01 / 27 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee USPS
Mailing Address 1050 Connecticut Ave NW
City Washington State DC Zip Code 20036-5303
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1275.88
Transaction ID : VSG8M9TWQX0
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5721092.10
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee USPS
Mailing Address 1050 Connecticut Ave NW
City Washington State DC Zip Code 20036-5303
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1275.87
Transaction ID : VSG8M9TWQY8
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2551.75
(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.

Bidel-Niyat, Shirin, ,

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Date 01/27/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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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 <input type="checkbox"/> Memo Item Waterfront Strategies	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 700.00 </div> Transaction ID : VSG8M9TPGK7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5721092.10	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 Waterfront Strategies	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 150.00 </div> Transaction ID : VSG8M9TPGM5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 </div>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type 004	
Name of Federal Candidate: KANDER, JASON, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 53211.43	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; text-align: right;"> M M / D D / Y Y Y Y Y Y 850.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3050 K St NW NW Ste. 100		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VSG8M9TPGN3
Purpose of Expenditure Actual Cost for Digital Advertising Production		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3050 K St NW NW Ste. 100		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VSG8M9TT3Z6
Purpose of Expenditure Actual Cost for Digital Advertising Production		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW NW Ste. 100	Amount <input type="text"/> 200.00
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TT404 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5721092.10	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 Waterfront Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW NW Ste. 100	Amount <input type="text"/> 200.00
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TT411 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 250737.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 400.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 5429359.76

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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature