

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MEGAPHONE

ADDRESS (number and street)

PO BOX 341028

Check if different  
than previously  
reported. (ACC)

AUSTIN

TX

78734

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00569517

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

MCALPIN, LUKE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MCALPIN, LUKE, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MEGAPHONE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">174810.82</td></tr></table>	174810.82				
Y	Y	Y	Y	Y													
2018																	
174810.82																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">159412.53</td></tr></table>	159412.53															
159412.53																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">66000.67</td></tr></table>	66000.67					<table><tr><td colspan="5">304565.67</td></tr></table>	304565.67									
66000.67																	
304565.67																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">225413.20</td></tr></table>	225413.20					<table><tr><td colspan="5">479376.49</td></tr></table>	479376.49									
225413.20																	
479376.49																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">84481.88</td></tr></table>	84481.88					<table><tr><td colspan="5">338445.17</td></tr></table>	338445.17									
84481.88																	
338445.17																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">140931.32</td></tr></table>	140931.32					<table><tr><td colspan="5">140931.32</td></tr></table>	140931.32									
140931.32																	
140931.32																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">519549.99</td></tr></table>	519549.99															
519549.99																	



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)

Page 3

Write or Type Committee Name

**MEGAPHONE**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66000.00	303250.00
(ii) Unitemized .....	0.67	0.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	66000.67	303250.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	66000.67	303250.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1315.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	66000.67	304565.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66000.67	304565.67

**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 .....	5100.00	21564.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5100.00	21564.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
24. Independent Expenditures (use Schedule E) .....	19381.88	40277.66
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	216603.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84481.88	338445.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84481.88	338445.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	66000.67	303250.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66000.67	303250.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5100.00	21564.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1315.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5100.00	20249.51

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Report includes contributions earmarked for Conservative Voices PAC FEC ID C00678847, an independent expenditure only committee. Contributions received are reported on Schedule A, reflecting the date received and include the required description. The expenditures transmitting funds to Conservative Voices PAC are reported on Schedule B reflecting the date of transfer and include the required description. Contributors' annual contribution limits are not affected since Conservative Voices PAC is an independent expenditure only PAC.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

MEGAPHONE

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

A. Engel, David, , ,

Mailing Address 230 Amistad

City

Corpus Christi

State

TX

Zip Code

78404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Engel and Associates

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Earmarked Conservative Voices PAC

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

B. Gates, Thomas, , ,

Mailing Address 500 North Shoreline  
Ste 1101

City

Corpus Christi

State

TX

Zip Code

78401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Martinique LLC

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

Transaction ID : SA11AI.5305

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Earmarked Conservative Voices PAC

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

C. HMS Technologies Inc

Mailing Address One Discovery Pl

City

Martinburg

State

WV

Zip Code

25403

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2018

Transaction ID : SA11AI.5302

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

31000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MEGAPHONE**

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

**A. Jones, Al, , ,**

Mailing Address 3420 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

Transaction ID : SA11Al.5304

Amount of Each Receipt this Period

5000.00



Memo Item

Earmarked Conservative Voices PAC

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

**B. Susser, Sam, , ,**

Mailing Address 800 N Shoreline Blvd  
Ste 2200 North

City

Corpus Christi

State

TX

Zip Code

78401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Susser Holding II LP

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

Transaction ID : SA11Al.5306

Amount of Each Receipt this Period

25000.00



Memo Item

Earmarked Conservative Voices PAC

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

**C. Urban, Karen O'Connor, , ,**

Mailing Address 4110 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Urban Engineering

Occupation (for Individual)

Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2018

Transaction ID : SA11Al.5308

Amount of Each Receipt this Period

5000.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

35000.00

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

66000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 33

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

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NAME OF COMMITTEE (In Full)

**MEGAPHONE**

Full Name (Last, First, Middle Initial)

**A. 1776 Consulting LLC**

Mailing Address 6177 Vine Forest Court

City  
Falls ChurchState  
VAZip Code  
22044Purpose of Disbursement  
Online Ad Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

FEC Identification Number

**C****Transaction ID : SB21B.5335**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City  
PORTLANDState  
ORZip Code  
97228Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

FEC Identification Number

**C****Transaction ID : SB21B.5337**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City  
PORTLANDState  
ORZip Code  
97228Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

**C****Transaction ID : SB21B.5336**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5040.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 33

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

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NAME OF COMMITTEE (In Full)

**MEGAPHONE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City  
PORTLANDState  
ORZip Code  
97228Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

FEC Identification Number

**C****Transaction ID : SB21B.5330**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

5070.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 33

<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)

**MEGAPHONE**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE VOICES PAC**

Mailing Address 1390 CHAIN BRIDGE ROAD STE 515

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Earmarked by David Engel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	8		

FEC Identification Number

**C** C00678847**Transaction ID : SB23.5311**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE VOICES PAC**

Mailing Address 1390 CHAIN BRIDGE ROAD STE 515

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Earmarked by Al Jones

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	8		

FEC Identification Number

**C** C00678847**Transaction ID : SB23.5312**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSERVATIVE VOICES PAC**

Mailing Address 1390 CHAIN BRIDGE ROAD STE 515

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Earmarked by Thomas Gates

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	8		

FEC Identification Number

**C** C00678847**Transaction ID : SB23.5313**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 33

<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

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)

**MEGAPHONE**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE VOICES PAC**

Mailing Address 1390 CHAIN BRIDGE ROAD STE 515

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Earmarked by Sam Susser

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	8		

FEC Identification Number

**C** C00678847**Transaction ID : SB23.5314**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25000.00

60000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

4725.82

Transaction ID : SD10.4724

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4725.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

857.50

Transaction ID : SD10.4744

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1242.50

Transaction ID : SD10.4756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1242.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6825.82

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

11637.50

Transaction ID : SD10.4825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11637.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

5530.00

Transaction ID : SD10.4855

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5530.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

16800.00

Transaction ID : SD10.4980

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16800.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

33967.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

7472.50

Transaction ID : SD10.4981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7472.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1575.00

Transaction ID : SD10.4995

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1575.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

2415.00

Transaction ID : SD10.5024

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2415.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

11462.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1792.31

Transaction ID : SD10.5034

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1792.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

3062.50

Transaction ID : SD10.5037

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3062.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

4455.00

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4455.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9309.81

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 33

FOR LINE NUMBER:  
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1777.50

Transaction ID : SD10.5070

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1777.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1462.50

Transaction ID : SD10.5103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1462.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

2115.00

Transaction ID : SD10.5108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2115.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5355.00

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)

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FOR LINE NUMBER:  
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1012.50

Transaction ID : SD10.5109

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1012.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

742.50

Transaction ID : SD10.5120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

742.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1147.50

Transaction ID : SD10.5149

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1147.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

2902.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

157.50

Transaction ID : SD10.5150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

157.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

697.50

Transaction ID : SD10.5151

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

697.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

652.50

Transaction ID : SD10.5152

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

652.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

1507.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

405.00

Transaction ID : SD10.5184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

405.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

562.50

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

562.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

10170.00

Transaction ID : SD10.5210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10170.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

11137.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1282.50

Transaction ID : SD10.5209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1282.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

225.00

Transaction ID : SD10.5211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

225.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

4320.00

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4320.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5827.50

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 341027

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

2565.00

Transaction ID : SD10.5219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2565.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

5258.89

Transaction ID : SD10.4853

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5258.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

10994.00

Transaction ID : SD10.4982

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10994.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18817.89

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)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

8162.50

Transaction ID : SD10.4983

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8162.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

890.50

Transaction ID : SD10.5004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

890.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

332.00

Transaction ID : SD10.5021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

332.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9385.00

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)

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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

923.50

Transaction ID : SD10.5038

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

923.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

7369.00

Transaction ID : SD10.5039

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7369.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

10049.50

Transaction ID : SD10.5066

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10049.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

18342.00

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  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.5071

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

436.50

Transaction ID : SD10.5101

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

15428.50

Transaction ID : SD10.5121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15428.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

16065.00

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 26 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

4980.00

Transaction ID : SD10.5153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4980.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

401.50

Transaction ID : SD10.5155

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

160.50

Transaction ID : SD10.5156

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

5542.00

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 27 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

54000.00

Transaction ID : SD10.5163

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

107.00

Transaction ID : SD10.5180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

107.00

Transaction ID : SD10.5181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

54214.00

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 28 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1690.00

Transaction ID : SD10.5204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1690.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

14.97

Transaction ID : SD10.5205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1979.50

Transaction ID : SD10.5207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1979.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

3684.47

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

53.50

Transaction ID : SD10.5220

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

240.00

Transaction ID : SD10.5221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5315

Amount Incurred This Period

160.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

454.00

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 30 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5316

Amount Incurred This Period

7750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tusk Digital**

Nature of Debt (Purpose):

Website Development and Design

Mailing Address 718 7th St NW  
2nd FloorCity  
WashingtonState  
DCZip Code  
20001

Outstanding Balance Beginning This Period

297000.00

Transaction ID : SD10.4139

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

297000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

304750.00

2) **TOTALS** This Period (last page this line number only)..... ►

519549.99

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) ►

519549.99

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

 PAGE 31 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MEGAPHONE</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00569517       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 03 / 2018	
Mailing Address 12854 Kenan Dr Ste 145			Amount <span style="border: 1px solid black; padding: 2px;">2129.78</span>	
City Jacksonville	State FL	Zip Code 32258	<b>Transaction ID : SE.5279</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 04 / 2018	
Purpose of Expenditure Production and Development of Social Media Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BRUUN, BECH, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">23025.56</span> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <input type="checkbox"/> Memo Item <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 09 / 2018	
Mailing Address 12854 Kenan Dr Ste 145			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>	
City Jacksonville	State FL	Zip Code 32258	<b>Transaction ID : SE.5280</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 04 / 2018	
Purpose of Expenditure Placement and Development of Mobile Media Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BRUUN, BECH, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">33025.56</span> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">12129.78</span>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL</b> Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
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.				
MCALPIN, LUKE, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 20 / 2018

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

 PAGE 32 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MEGAPHONE</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569517	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 10 / 2018		
Mailing Address 12854 Kenan Dr Ste 145			Amount <span style="border: 1px solid black; padding: 2px;">1250.00</span>		
City Jacksonville		State FL	Zip Code 32258		Transaction ID : <b>SE.5282</b>
Purpose of Expenditure Ad Video Development and Production		Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 04 / 2018	
Name of Federal Candidate: BRUUN, BECH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 27 State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 10 / 2018		
Mailing Address 12854 Kenan Dr Ste 145			Amount <span style="border: 1px solid black; padding: 2px;">3339.88</span>		
City Jacksonville		State FL	Zip Code 32258		Transaction ID : <b>SE.5283</b>
Purpose of Expenditure Production and Development of Social Media Ads		Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 04 / 2018	
Name of Federal Candidate: BRUUN, BECH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 27 State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">4589.88</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
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 <u>MCALPIN, LUKE, , ,</u> [Electronically Filed]			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 20 / 2018		



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

 PAGE 33 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MEGAPHONE</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569517		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>		
Full Name of Payee <b>Majority Strategies</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 05 / 17 / 2018		
Mailing Address 12854 Kenan Dr Ste 145			Amount <input type="text" value="Amount"/> 2662.22		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : <b>SE.5284</b>		
Purpose of Expenditure Production and Development of Social Media Ads		Category/Type <input type="text" value="Category/Type"/> 004	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 05 / 04 / 2018		
Name of Federal Candidate: BRUUN, BECH, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		<input type="text" value="Amount"/> 40277.66	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee  <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/>		
Mailing Address  			Amount <input type="text" value="Amount"/>		
City  	State  	Zip Code  	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/>		
Purpose of Expenditure  		Category/Type <input type="text" value="Category/Type"/>			
Name of Federal Candidate:  		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<input type="text" value="Amount"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="Amount"/> 2662.22		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="Amount"/> 19381.88		
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  MCALPIN, LUKE, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 06 / 20 / 2018	