

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Boyle

ADDRESS (number and street)

PO Box 11545

Check if different than previously reported. (ACC)

Philadelphia

PA

19116

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

PA

02

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / 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.

Jackson, Sue, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Jackson, Sue, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / 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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Citizens for Boyle**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1026.66	1052.66
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1026.66	1052.66
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	24967.26	26332.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24967.26	26332.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	668407.46	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	9500.00	

**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 3 (Revised 05/2016)

Write or Type Committee Name

Citizens for Boyle

Report Covering the Period: From:   /   2018 To:   /   2018

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	500.00
(ii) Unitemized.....	26.66	52.66
(iii) TOTAL of contributions from individuals ▶	526.66	552.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1026.66	1052.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	884.19	1795.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1910.85	2848.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24967.26	26332.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24967.26	26332.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	691463.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1910.85
25. SUBTOTAL (add Line 23 and Line 24).....	693374.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24967.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	668407.46

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Drumm, Maureen, , ,**

Mailing Address 919 Coates Rd

City Meadowbrook State PA Zip Code 19046-2541

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

Name of Employer Not Employed Occupation Homemaker

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2018

Transaction ID : C10993474

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-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 (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Mark Levy**

Mailing Address PO Box 176

City Norristown	State PA	Zip Code 19404-0176
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		27		2018

**Transaction ID : C10991639**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Capital One Bank**

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1795.72

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2018

**Transaction ID : C10995705**

Amount of Each Receipt this Period  
883.94

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-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 (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	883.94
<b>TOTAL</b> This Period (last page this line number only).....▶	883.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Bellmon, Anthony, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018	
Mailing Address 228 W. Sparks Street			FEC Identification Number <b>C</b>	
City Philadelphia	State PA	Zip Code 19120	Amount of Each Disbursement this Period 344.76	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : <b>D558143</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Blue Wave Political Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 119 First Ave South, Suite 320			FEC Identification Number <b>C</b>	
City Seattle	State WA	Zip Code 98104	Amount of Each Disbursement this Period 4235.63	
Purpose of Disbursement Compliance Services		Category/ Type	Transaction ID : <b>D558002</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. FirstData</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018	
Mailing Address 5565 Glenridge Connector NE Ste 2000			FEC Identification Number <b>C</b>	
City Atlanta	State GA	Zip Code 30342-1651	Amount of Each Disbursement this Period 274.96	
Purpose of Disbursement Merchant Bank Fee		Category/ Type	Transaction ID : <b>D558139</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4855.35
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. FirstData</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018
Mailing Address 5565 Glenridge Connector NE Ste 2000		FEC Identification Number C
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Merchant Bank Fee		Amount of Each Disbursement this Period 19.83
Candidate Name		Transaction ID : D558140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" 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>B. GovPredict.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018
Mailing Address 444 N Capitol St. NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Campaign Software		Amount of Each Disbursement this Period 595.00
Candidate Name		Transaction ID : D558141
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" 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>C. Ide, Vanessa, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018
Mailing Address 1701 16th Street NW #121		FEC Identification Number C
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 4500.00
Candidate Name		Transaction ID : D557998
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5114.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018		
Mailing Address 1101 15th St. NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 2550.00		
Purpose of Disbursement Software		Category/ Type	Transaction ID : D558142		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 87.57		
Purpose of Disbursement Payroll Expense		Category/ Type	Transaction ID : D558144		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 113.74		
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : D558145		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2751.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Pixel Paper LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 628 West Market Street			FEC Identification Number C	
City Bethlehem	State PA	Zip Code 18018	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Website Maintenance		Category/ Type	Transaction ID : D558000	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capital One Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 336 Pennsylvania Ave			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 11419.23	
Purpose of Disbursement Credit Card Payment - See Memos if Itemized		Category/ Type	Transaction ID : D558003	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Crystal Press</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 1775 K St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 1855.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : D558016	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11719.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Four Seasons</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 10100 Dream Tree Blvd			FEC Identification Number C	
City Orlando	State FL	Zip Code 32836	Amount of Each Disbursement this Period 221.00	
Purpose of Disbursement Lodging		Category/ Type	Transaction ID : D558019	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Four Seasons</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 10100 Dream Tree Blvd			FEC Identification Number C	
City Orlando	State FL	Zip Code 32836	Amount of Each Disbursement this Period 8322.34	
Purpose of Disbursement Lodging		Category/ Type	Transaction ID : D558015	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018	
Mailing Address 10000 Roosevelt Blvd #4			FEC Identification Number C	
City Philadelphia	State PA	Zip Code 19116	Amount of Each Disbursement this Period 251.51	
Purpose of Disbursement Telephone Expense		Category/ Type	Transaction ID : D558025	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24440.72

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Green Major 16, LLC</b>			Nature of Debt (Purpose): Digital Consulting
Mailing Address 16192 Coastal Highway			
City Lewes	State DE	Zip Code 19958	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D558348</b>	
Amount Incurred This Period 4500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ide, Vanessa, , ,</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1701 16th Street NW #121			
City Washington	State DC	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D558349</b>	
Amount Incurred This Period 4500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ide, Vanessa, , ,</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1701 16th Street NW #121			
City Washington	State DC	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D558350</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	9500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	9500.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	9500.00