

**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 / D D / 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 / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017

through

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

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 / D D / Y Y Y Y Y Y  
04 / 20 / 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**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 Y  
03 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">103171.21</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">99985.91</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">200000.00</span>	<span style="border: 1px solid black; padding: 2px;">200000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">299985.91</span>	<span style="border: 1px solid black; padding: 2px;">303171.21</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">149482.24</span>	<span style="border: 1px solid black; padding: 2px;">152667.54</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">150503.67</span>	<span style="border: 1px solid black; padding: 2px;">150503.67</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">450199.02</span>	



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	Y	Y
0	3		0	1		2	0	1	7		

To:

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

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).....	200000.00	200000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	200000.00	200000.00
(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) .....	200000.00	200000.00
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	0.00
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)) .....	200000.00	200000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	200000.00	200000.00

**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 .....	58.00	243.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	58.00	243.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	149424.24	152424.24
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)) ..	149482.24	152667.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	149482.24	152667.54

**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) .....	200000.00	200000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	200000.00	200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	58.00	243.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	58.00	243.30

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

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

FOR LINE NUMBER: PAGE 6 OF 23

(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. Grimes, Windi, , ,**

Mailing Address 3310 W Main St

City  
Houston

State  
TX

Zip Code  
77098

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 ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2017

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period

200000.00

☐ Memo Item

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

**B.**

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

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

**C.**

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)..... ►

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

200000.00

200000.00

**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 7 OF 23

<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)

**MEGAPHONE**

Full Name (Last, First, Middle Initial)

**A. Arno Petition Consultants**

Mailing Address 5406 Crossing Dr

City  
RocklinState  
CAZip Code  
95677Purpose of Disbursement  
Non-Federal Petition Campaign

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
03		07		2017

FEC Identification Number

**C****Transaction ID : SB29.5046**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arno Petition Consultants**

Mailing Address 5406 Crossing Dr

City  
RocklinState  
CAZip Code  
95677Purpose of Disbursement  
Non-Federal Petition Campaign

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
03		07		2017

FEC Identification Number

**C****Transaction ID : SB29.5047**

Amount of Each Disbursement this Period

25283.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Arno Petition Consultants**

Mailing Address 5406 Crossing Dr

City  
RocklinState  
CAZip Code  
95677Purpose of Disbursement  
Non-Federal Petition Campaign

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
03		07		2017

FEC Identification Number

**C****Transaction ID : SB29.5048**

Amount of Each Disbursement this Period

30592.56

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

70876.44

**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 8 OF 23

<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

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. Arno Petition Consultants**

Mailing Address 5406 Crossing Dr

City  
RocklinState  
CAZip Code  
95677Purpose of Disbursement  
Non-Federal Petition Campaign

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
03		07		2017

FEC Identification Number

**C****Transaction ID : SB29.5049**

Amount of Each Disbursement this Period

26848.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arno Petition Consultants**

Mailing Address 5406 Crossing Dr

City  
RocklinState  
CAZip Code  
95677Purpose of Disbursement  
Non-Federal Petition Campaign

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
03		07		2017

FEC Identification Number

**C****Transaction ID : SB29.5050**

Amount of Each Disbursement this Period

51699.36

☐ 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:

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).....▶

78547.80

149424.24



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

PAGE 9 OF 23

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

**Arno Petition Consultants**

Nature of Debt (Purpose):

Non-Federal Petition Campaign

Mailing Address 5406 Crossing Dr

City

Rocklin

State

CA

Zip Code

95677

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.5026

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

0.00

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

**Arno Petition Consultants**

Nature of Debt (Purpose):

Non-Federal Petition Campaign

Mailing Address 5406 Crossing Dr

City

Rocklin

State

CA

Zip Code

95677

Outstanding Balance Beginning This Period

25283.88

Transaction ID : SD10.5028

Amount Incurred This Period

0.00

Payment This Period

25283.88

Outstanding Balance at Close of This Period

0.00

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

**Arno Petition Consultants**

Nature of Debt (Purpose):

Non-Federal Petition Campaign

Mailing Address 5406 Crossing Dr

City

Rocklin

State

CA

Zip Code

95677

Outstanding Balance Beginning This Period

30592.56

Transaction ID : SD10.5030

Amount Incurred This Period

0.00

Payment This Period

30592.56

Outstanding Balance at Close of This Period

0.00

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

0.00

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 10 OF 23

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

**Arno Petition Consultants**

Nature of Debt (Purpose):

Non-Federal Petition Campaign

Mailing Address 5406 Crossing Dr

City

Rocklin

State

CA

Zip Code

95677

Outstanding Balance Beginning This Period

26848.44

Transaction ID : SD10.5032

Amount Incurred This Period

0.00

Payment This Period

26848.44

Outstanding Balance at Close of This Period

0.00

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

**Arno Petition Consultants**

Nature of Debt (Purpose):

Non-Federal Petition Campaign

Mailing Address 5406 Crossing Dr

City

Rocklin

State

CA

Zip Code

95677

Outstanding Balance Beginning This Period

51699.36

Transaction ID : SD10.5031

Amount Incurred This Period

0.00

Payment This Period

51699.36

Outstanding Balance at Close of This Period

0.00

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City

Austin

State

TX

Zip Code

78734

Outstanding Balance Beginning This Period

2212.50

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2212.50

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

2212.50

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 11 OF 23

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

140.00

Transaction ID : SD10.4121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

687.50

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

687.50

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

180.00

Transaction ID : SD10.4123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

180.00

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

1007.50

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 12 OF 23

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

580.00

Transaction ID : SD10.4124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

580.00

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

80.00

Transaction ID : SD10.4125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.00

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

3817.50

Transaction ID : SD10.4172

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3817.50

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

4477.50

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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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MEGAPHONE**

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

8270.50

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8270.50

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

6272.50

Transaction ID : SD10.4258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6272.50

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

127.50

Transaction ID : SD10.4259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

127.50

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

14670.50

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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(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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

2150.00

Transaction ID : SD10.4315

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2150.00

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

127.50

Transaction ID : SD10.4331

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

127.50

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

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

211.56

Transaction ID : SD10.4382

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.56

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

2489.06

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 15 OF 23

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(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

4358.32

Transaction ID : SD10.4663

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4358.32

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

2327.50

Transaction ID : SD10.4677

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2327.50

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

6580.00

Transaction ID : SD10.4724

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6580.00

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

13265.82

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)

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(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

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

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

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

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

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

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

13737.50

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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☒ 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

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

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

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

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

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

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

29802.50

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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☒ 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

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

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

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

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

0.00

Transaction ID : SD10.5034

Amount Incurred This Period

1792.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

1792.31

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

5782.31

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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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

2062.69

Transaction ID : SD10.4441

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2062.69

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

9651.00

Transaction ID : SD10.4638

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9651.00

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

5240.50

Transaction ID : SD10.4664

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5240.50

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

16954.19

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)
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☒ 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

648.50

Transaction ID : SD10.4678

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

648.50

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

839.00

Transaction ID : SD10.4723

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

839.00

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

459.00

Transaction ID : SD10.4743

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

459.00

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

1946.50

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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(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

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

5239.00

Transaction ID : SD10.4757

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5239.00

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

8168.64

Transaction ID : SD10.4823

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8168.64

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

12143.00

Transaction ID : SD10.4853

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12143.00

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

25550.64

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)
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☒ 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

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

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

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

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

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

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

20047.00

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

**The Gober Group**

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City  
AustinState  
TXZip 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

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

0.00

Transaction ID : SD10.5038

Amount Incurred This Period

923.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

923.50

C. 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

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

298255.50

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

450199.02

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) ►

450199.02