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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	onzeu Committee	Office Use Only
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 N	IUMBER ▼ CITY	′ ▲	STATE ▲ ZIP CODE ▲
C C00569517	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report ((c) 12-Day PRF-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (January 31 Year-End Report (Floation	on /	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	Report for the: t Election	on/	in the State of
5. Covering Period 1	1 01 7 2017	through 11	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined to Type or Print Name of Treasur	MČALPIN, LUKE, , ,	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer — MC	ALPIN, LUKE, , ,	[Electronically Filed]	Date 12 / 20 / 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Vrite or Type Committee Name MEGAPHONE		
R	eport Covering the Period: From:	11 01 2017 To:	11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		103171.21
	(b) Cash on Hand at Beginning of Reporting Period	60422.32	
	(c) Total Receipts (from Line 19)	5001.00	210001.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65423.32	313172.21
7.	Total Disbursements (from Line 31)	25.00	247773.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65398.32	65398.32
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	446885.52	
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MEGAPHONE

Report Covering the Period: From:	01 2017 To	: 11 30 2017	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	5001.00	205001.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)	5001.00	205001.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	5000.00	
(d) Total Contributions (add Lines	7 7	7 7	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5001.00	210001.00	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7 7	4 4	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
. Transfers from Non-Federal and Levin Funds	7		
(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	
(c) Total Transiers (add 18(a) and 18(b))	0.00	0.00	
Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	5001.00	210001.00	
Total Federal Receipts (subtract Line 18(c) from Line 19)	5001.00	210001.00	
(subtract Line 18(c) from Line 19)▶	3001.00	210001.00	

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salvinai Tour to pute
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 4	
Expenditures	25.00	73159.89
(c) Total Operating Expenditures	25.00	73159.89
(add 21(a)(i), (a)(ii), and (b))	23.00	75155.05
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		45 45 45 45
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan Hopaymonio Mado	4	0.00
Loans Made	0.00	0.00
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	0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	174614.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	20))	
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) i dasiai dilaidi	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	
Entirely With Federal Funds	0.00	0.00
(c) Iotal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25.00	247773.89
Total Federal Disbursements		4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	25.00	247773.89
•	7 7	241113.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 5001.00 210001.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 210001.00 5001.00 (subtract Line 34 from Line 33) 25.00 73159.89 (add Line 21(a)(i) and Line 21(b))▶ 0.00 0.00 (from Line 15, page 3)..... 25.00 73159.89 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBE (check only one)

FO	R LINE	NUMBER	: PAGE	E 6 OF	= 20		
(check only one)							
X	11a	11b	11c	12			
	13	14	15	16	17		

	ny information copied from such Reports and State for commercial purposes, other than using the na			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MEGAPHONE			
Α.	Primary General Other (specify) ▼	State MS C Occupa Aggregate Yea	Zip Code 39205 attion (for Individual) ar-to-Date ▼ 5001.00	Date of Receipt M M
В.	Full Name of Individual (Last, First, Middle Initial) Mailing Address City	or Full Orga	zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C Occupa	ation (for Individual)	Amount of Each Receipt this Period Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼	
— С.	Full Name of Individual (Last, First, Middle Initial) or Full Orga	nization Name	Date of Receipt
Ο.	Mailing Address	State	Zin Codo	M M / D D / Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	C	zip Code ation (for Individual) ar-to-Date ▼	Amount of Each Receipt this Period Memo Item
s	UBTOTAL of Receipts This Page (optional)		····	5001.00
Т	OTAL This Period (last page this line number onl	y)	>	5001.00

SCHEDULE B (FEC Form 3X)	Lles see	wata ask salida ()	FOR LINE NUMBER:			PAGE 7 OF 20	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check on				
	Detailed S	Summary Page	X 21b		23 28c	26 27 29 30b	
Any information copied from such Reports and Statem	ents may r	not he sold or us					
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
MEGAPHONE							
Full Name (Last, First, Middle Initial)							
A. WELLS FARGO BANK NA				Date o	f Disburser	ment	
Mailing Address PO BOX 6995					11 08 2017		
Maining Address 1 0 DOX 0555						2017	
,	state	Zip Code		FEC Io	lentification	Number	
PORTLAND Purpose of Disbursement	OR	97228		C			
Bank Fee					aneaction !	ID : SB21B.5130	
Candidate Name			Category/			Disbursement this Period	
Office Sought: House Disbursem	ent For		Туре	1		10.00	
	Primary	General			-		
President	Other (spec	cify) 🔻		Me Me	emo Item		
State: District:				"			
Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK NA				Date o	f Disburser	ment	
WELLS FARGO DAINN NA					M M / D D / Y Y Y Y		
Mailing Address PO BOX 6995				11			
,	state	Zip Code		FEC In	lentification	Number	
	OR	97228			ion innoation	Tumber	
Purpose of Disbursement Bank Fee	Category/		C				
Candidate Name					D: SB21B.5148 Disbursement this Period		
			Type				
Office Sought: House Disbursem	nent For: Primary	General			-	15.00	
	Other (spec			Пп			
State: District:				│	emo Item		
Full Name (Last, First, Middle Initial)				5 .	f Dist		
С.					f Disburser		
Mailing Address				_ M = M	/ D	D / Y W Y W Y W Y	
Cit.	****	7:- 01-					
City	state	Zip Code		FEC Ic	lentification	Number	
Purpose of Disbursement				С			
Candidate Name							
Candidate Name			Category/ Type	Amoun	t of Each I	Disbursement this Period	
Office Sought: House Disbursem	nent For:		-71	1 []	- 40		
	Primary	General					
State: District:	Other (spec	жу) ▼		Me	emo Item		
Zionio.							
SUBTOTAL of Disbursements This Page (optional)			·····•		-	25.00	
			<u> </u>			25.00	
TOTAL This Period (last page this line number only).						20.00	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 8 OF FOR (ched

LINE NUMBER:		
ck only one)		9
	X	10

NAME OF COMMITTEE (In Full) MEGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debtor RightSide Compliance	Nature of Debt (Purpose): Compliance Services			
Mailing Address PO Box 341027				
City State Zip Code Austin TX 78734				
Outstanding Balance Beginning This Period	17	70734	Transaction ID : SD10.4677	
2028.32				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	2028.32	
B. Full Name (Last, First, Middle Initial) of Debtor RightSide Compliance	or Creditor		Nature of Debt (Purpose): Compliance Services	
Mailing Address PO Box 341027				
City Austin				
Outstanding Balance Beginning This Period 6580.00				
Amount Incurred This Period 0.00	Pa	yment This Period 0.00	Outstanding Balance at Close of This Period 6580.00	
C. Full Name (Leat First Middle Initial) of Debter	or Craditor	7 7	Notice of Data (Dayson)	
C. Full Name (Last, First, Middle Initial) of Debtor RightSide Compliance	or Creditor		Nature of Debt (Purpose): Compliance Services	
Mailing Address PO Box 341027				
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period 857.50			Transaction ID : SD10.4744	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	857.50	
1) SUBTOTALS This Period This Page (optional))	9465.82	
2) TOTALS This Period (last page this line number	only))	7 7 7	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	only)		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page only)		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.4756 Outstanding Balance Beginning This Period 1242.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1242.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4825 11637.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11637.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4855 5530.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 5530.00 18410.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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10 OF

NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.4980 Outstanding Balance Beginning This Period 16800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4981 7472.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7472.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4995 1575.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 1575.00 25847.50 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
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 Debte	Nature of Debt (Purpose):				
RightSide Compliance	Compliance Services				
Mailing Address PO Box 341027					
City	State	Zip Code			
Austin	TX	78734			
Outstanding Balance Beginning This Period			Transaction ID : SD10.5024		
2415.00					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	7	0.00	2415.00		
B. Full Name (Last, First, Middle Initial) of Debto RightSide Compliance	r or Creditor		Nature of Debt (Purpose): Compliance Services		
Mailing Address PO Box 341027					
City	State	Zip Code			
Austin	TX	78734			
Outstanding Balance Beginning This Period 1792.31			Transaction ID : SD10.5034		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	1792.31		
C. Full Name (Last, First, Middle Initial) of Debte RightSide Compliance	or or Creditor		Nature of Debt (Purpose): Compliance Services		
Mailing Address PO Box 341027					
City Austin	State TX	Zip Code 78734			
Outstanding Balance Beginning This Period 3062.50			Transaction ID : SD10.5037		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
	Га				
0.00		0.00	3062.50		
1) SUBTOTALS This Period This Page (optional)			7269.81		
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	>				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.5067 Outstanding Balance Beginning This Period 4455.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4455.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.5070 1777.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1777.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.5103 1462.50 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 1462.50 7695.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.5108 Outstanding Balance Beginning This Period 2115.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2115.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.5109 1012.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1012.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.5120 742.50 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 742.50 3870.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 14 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) MEGAPHONE			
A. Full Name (Last, First, Middle Initial) of Debtor o	Nature of Debt (Purpose): Compliance Services		
RightSide Compliance			
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code	
Outstanding Balance Beginning This Period	17	78734	Transaction ID : SD10.5149
0.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
1147.50			
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of Debt (Purpose): Compliance Services
RightSide Compliance			- Compilation Convinces
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period		I	Transaction ID : SD10.5150
0.00			
Amount Incurred This Period	Amount Incurred This Period Payment This Period		
157.50 0.00			157.50
C. Full Name (Last, First, Middle Initial) of Debtor of The Gober Group	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group		
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period 5258.89			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
0.00		0.00	5258.89
1) SUBTOTALS This Period This Page (optional)	6563.89		
2) TOTALS This Period (last page this line number only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C (
4) ADD 2) and 3) and carry forward to appropriate line			

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 15 OF FOR LINE NUMBER: (check only one)

9 **X** 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	Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4982	
10994.00				
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	10994.00	
B. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			
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	Pay	yment This Period	Outstanding Balance at Close of This Period	
0.00	0.00			
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 890.50			Transaction ID : SD10.5004	
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
0.00		0.00	890.50	
SUBTOTALS This Period This Page (optional)		>	20047.00	
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule (
A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 State Zip Code Austin TX 78734 Transaction ID: SD10.5021 Outstanding Balance Beginning This Period 332.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 332.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.5038 923.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 923.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.5039 7369.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 7369.00 0.00 8624.50 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 17 OF

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NAME OF COMMITTEE (In Full) MEGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	Nature of Debt (Purpose): Legal Services			
Mailing Address PO Box 341016	Mailing Address PO Box 341016			
City Austin				
Outstanding Balance Beginning This Period			Transaction ID : SD10.5066	
10049.50				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	10049.50	
B. Full Name (Last, First, Middle Initial) of Debtor of The Gober Group	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			
Mailing Address PO Box 341016			_	
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period 200.00				
Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 200.00	
C. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			
Mailing Address PO Box 341016	Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period			
436.50				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	436.50	
1) SUBTOTALS This Period This Page (optional)		>	10686.00	
2) TOTALS This Period (last page this line number only)			7 7	
3) TOTAL OUTSTANDING LOANS from Schedule C				
4) ADD 2) and 3) and carry forward to appropriate lin				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 18 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) MEGAPHONE			
A. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	Nature of Debt (Purpose): Legal Services		
Mailing Address PO Box 341016			
City Austin			
Outstanding Balance Beginning This Period			Transaction ID: SD10.5121
15428.50			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	15428.50
B. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group		
Mailing Address PO Box 341016			_
City	State TX	Zip Code 78734	
Austin Outstanding Balance Reginning This Period	1/	70734	Transaction ID : SD10.5153
0.00	Outstanding Balance Beginning This Period 0.00		
Amount Incurred This Period	Amount Incurred This Period Payment This Period		
4980.00			4980.00
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			Transaction ID : SD10.5155
0.00	Povr	ment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period 401.50	Fayı	0.00	401.50
701.50	7	0.00	101.00
1) SUBTOTALS This Period This Page (optional)		>	20810.00
2) TOTALS This Period (last page this line number of	7 7 7		
3) TOTAL OUTSTANDING LOANS from Schedule C			
4) ADD 2) and 3) and carry forward to appropriate I			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19 OF
FOR LINE NUMBER:
(check only one)

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	ME OF COMMITTEE (In Full) EGAPHONE			
	A. Full Name (Last, First, Middle Initial) of Debtor of Triumph Campaigns LLC	Nature of Debt (Purpose): Non-Federal Mailer Design, Production and Postage		
	Mailing Address PO Box 12243			_
	City State Zip Code Jackson MS 39236			-
	Outstanding Balance Beginning This Period			Transaction ID : SD10.5147
	0.00	D	are and This Davie d	Outstanding Balance at Olega of This Basis
	Amount Incurred This Period 3800.00	Payr	ment This Period 0.00	Outstanding Balance at Close of This Period 3800.00
-	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	- 	Nature of Debt (Purpose):
	Tusk Digital			Website Development and Design
	Mailing Address 718 7th St NW 2nd Floor			
- 1	City Washington	State DC	Zip Code 20001	
	Outstanding Balance Beginning This Period 297000.00			Transaction ID: SD10.4139
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00			297000.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tusk Digital			Nature of Debt (Purpose): Graphics Design and Website Development
	Mailing Address 718 7th St NW 2nd Floor			_
	City Washington	State DC	Zip Code 20001	
	Outstanding Balance Beginning This Period 4255.00			Transaction ID : SD10.5117
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	4255.00
1)	SUBTOTALS This Period This Page (optional)			305055.00
2)	2) TOTALS This Period (last page this line number only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website Domain and Licensing Tusk Digital Mailing Address 718 7th St NW 2nd Floor State Zip Code Washington DC 20001 Transaction ID: SD10.5122 Outstanding Balance Beginning This Period 1650.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1650.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website Hosting Tusk Digital Mailing Address 718 7th St NW 2nd Floor City State Zip Code Washington 20001 DC Outstanding Balance Beginning This Period Transaction ID: SD10.5124 594.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 594.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website Hosting **Tusk Digital** Mailing Address 718 7th St NW 2nd Floor City State Zip Code Washington DC 20001 Outstanding Balance Beginning This Period Transaction ID: SD10.5125 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 297.00 297.00 2541.00 1) SUBTOTALS This Period This Page (optional)..... 446885.52 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 446885.52 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶