

# 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.

EDPAC

ADDRESS (number and street)   
#1  
 Check if different than previously reported. (ACC)

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

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Giarraputo, Holly, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Giarraputo, Holly, , ,* [Electronically Filed] Date  /  /

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

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**EDPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="31814.85"/>	<input type="text" value="31814.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24368.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20500.00"/>	<input type="text" value="23000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="44868.91"/>	<input type="text" value="54814.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11804.10"/>	<input type="text" value="21750.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33064.81"/>	<input type="text" value="33064.81"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

EDPAC

Report Covering the Period: From: 03 / 01 / 2020 To: 03 / 31 / 2020

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20500.00	23000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20500.00	23000.00
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)).....▶	20500.00	23000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20500.00	23000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	1304.10	8750.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1304.10	8750.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	13000.00
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).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11804.10	21750.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11804.10	21750.04

**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) .....	20500.00	23000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20500.00	23000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1304.10	8750.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1304.10	8750.04

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**EDPAC**

**A. CME Group Inc. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 325 7Th St NW  
Ste 525  
City Washington State DC Zip Code 20004-2836  
FEC ID number of contributing federal political committee. **C** C00076299  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 25 / 2020**  
**Transaction ID : 6291675**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ernst & Young Political Action Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1101 New York Ave NW  
City Washington State DC Zip Code 20005-4269  
FEC ID number of contributing federal political committee. **C** C00227744  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2020**  
**Transaction ID : 6276287**  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Investment Company Institute PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1401 H St NW  
# 1200  
City Washington State DC Zip Code 20005-2110  
FEC ID number of contributing federal political committee. **C** C00105981  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 25 / 2020**  
**Transaction ID : 6405201**  
Amount of Each Receipt this Period 1500.00  
 Memo Item  
\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EDPAC**

**A. New Democrat Coalition PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 233 Pennsylvania Ave SE  
City Washington State DC Zip Code 20003-1121  
FEC ID number of contributing federal political committee. **C** C00409730  
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : 6405201E**  
Amount of Each Receipt this Period 1500.00  
 Memo Item  
Note: Above Contribution earmarked through this organization.

**B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 N Michigan Ave  
City Chicago State IL Zip Code 60611-4011  
FEC ID number of contributing federal political committee. **C** C00030718  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2020**  
**Transaction ID : 6276284**  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**c. National Multifamily Housing Council PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1775 EYE St. NW STE 1100  
City Washington State DC Zip Code 20006-2424  
FEC ID number of contributing federal political committee. **C** C00130773  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 03 / 2020**  
**Transaction ID : 6176062**  
Amount of Each Receipt this Period 1500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 6500.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EDPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. New York Life Insurance PAC</b>		Date of Receipt
Mailing Address 1501 K St NW Ste 575		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20005-1413
FEC ID number of contributing federal political committee. <b>C</b> C00158881		<b>Transaction ID : 6297363</b>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Raytheon Political Action Committee</b>		Date of Receipt
Mailing Address 1100 Wilson Blvd Ste 1500		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2020"/>
City Rosslyn	State VA	Zip Code 22209-3900
FEC ID number of contributing federal political committee. <b>C</b> C00097568		<b>Transaction ID : 6176061</b>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="20500.00"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**EDPAC**

**A. Campaign Compliance, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802-3222

Purpose of Disbursement Compliance fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2020

FEC Identification Number: C

Transaction ID : 500657400

Amount of Each Disbursement this Period: 1001.10

Memo Item

**B. NGP VAN Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Computer software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2020

FEC Identification Number: C

Transaction ID : 500657411

Amount of Each Disbursement this Period: 300.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1301.10
<b>TOTAL</b> This Period (last page this line number only).....▶	1301.10

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**EDPAC**

**A. BRINDISI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 165

City: Utica State: NY Zip Code: 13503-0165

Purpose of Disbursement: Contribution

Candidate Name: **BRINDISI, ANTHONY, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NY District: 22

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2020

FEC Identification Number

**C** C00648725

**Transaction ID : 500657403**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. CARTWRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 414

City: Scranton State: PA Zip Code: 18501-0414

Purpose of Disbursement: Contribution

Candidate Name: **CARTWRIGHT, MATTHEW, A., ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2020

FEC Identification Number

**C** C00509968

**Transaction ID : 500657407**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. COMMITTEE TO ELECT JARED GOLDEN**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7108

City: Lewiston State: ME Zip Code: 04243-7108

Purpose of Disbursement: Contribution

Candidate Name: **GOLDEN, JARED, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2020

FEC Identification Number

**C** C00653816

**Transaction ID : 500657404**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**EDPAC**

**A. FRIENDS OF DAN FEEHAN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1844

M M M	/	D D D	/	Y Y Y Y Y
03		27		2020

City Mankato State MN Zip Code 56002-1844

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00649327
---	-----------

Candidate Name  
**FEEHAN, DANIEL, , ,**

Category/  
Type

**Transaction ID : 500657409**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: MN District: 01

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

1000.00
---------

Memo Item

**B. PETERS FOR MICHIGAN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 32072

M M M	/	D D D	/	Y Y Y Y Y
03		09		2020

City Detroit State MI Zip Code 48232-0072

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00437889
---	-----------

Candidate Name  
**PETERS, GARY, , ,**

Category/  
Type

**Transaction ID : 500657401**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: MI District: 14

Disbursement For: 2020  
 Primary  General  
 Other (specify)

2500.00
---------

Memo Item

**C. RITA HART FOR IOWA**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 333

M M M	/	D D D	/	Y Y Y Y Y
03		27		2020

City Wheatland State IA Zip Code 52777-0333

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00706457
---	-----------

Candidate Name  
**HART, RITA, , ,**

Category/  
Type

**Transaction ID : 500657406**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: IA District: 02

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

1000.00
---------

Memo Item

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

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**EDPAC**

Full Name (Last, First, Middle Initial) <b>A. SRI FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 27 / 2020	
Mailing Address PO Box 898				
City Sugar Land		State TX	Zip Code 77487-0898	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name <b>KULKARNI, SRI, PRESTON, ,</b>				
Office Sought: <input checked="" 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: TX District: 22		Amount of Each Disbursement this Period 1000.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. SUSIE LEE FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 27 / 2020	
Mailing Address 5130 S Fort Apache Rd Ste Pm 215				
City Las Vegas		State NV	Zip Code 89148-1732	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name <b>LEE, SUSIE, , ,</b>				
Office Sought: <input checked="" 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: NV District: 03		Amount of Each Disbursement this Period 1000.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. TOM O'HALLERAN FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 27 / 2020	
Mailing Address PO Box 63992				
City Phoenix		State AZ	Zip Code 85082-3992	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name <b>O'HALLERAN, TOM, , ,</b>				
Office Sought: <input checked="" 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: AZ District: 01		Amount of Each Disbursement this Period 1000.00		
<input type="checkbox"/> Memo Item				

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

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

3000.00
10500.00