

**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

Freedom Partners Action Fund, Inc.

ADDRESS (number and street)

2300 Wilson Blvd.

Ste. 500

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564765

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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

in the
State of

5. Covering Period

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

through

M M M / D D D / Y Y Y Y Y Y
06 30 2017

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

Maxwell, Thomas, F., , III

Type or Print Name of Treasurer

Signature of Treasurer

Maxwell, Thomas, F., , III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 28 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

Freedom Partners Action Fund, Inc.

Report Covering the Period:

From:

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

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2017</td></tr></table>	Y	Y	Y	Y	Y	2017						<table><tr><td colspan="5">95217.10</td></tr></table>	95217.10				
Y	Y	Y	Y	Y													
2017																	
95217.10																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">95217.10</td></tr></table>	95217.10															
95217.10																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">596703.96</td></tr></table>	596703.96					<table><tr><td colspan="5">596703.96</td></tr></table>	596703.96									
596703.96																	
596703.96																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">691921.06</td></tr></table>	691921.06					<table><tr><td colspan="5">691921.06</td></tr></table>	691921.06									
691921.06																	
691921.06																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">81705.01</td></tr></table>	81705.01					<table><tr><td colspan="5">81705.01</td></tr></table>	81705.01									
81705.01																	
81705.01																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">610216.05</td></tr></table>	610216.05					<table><tr><td colspan="5">610216.05</td></tr></table>	610216.05									
610216.05																	
610216.05																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

Freedom Partners Action Fund, Inc.

Report Covering the Period:

From:

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

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2017

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).....	250000.00	250000.00
(ii) Unitemized	75.00	75.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	250075.00	250075.00
(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)	250075.00	250075.00
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).....	346628.96	346628.96
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))	596703.96	596703.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	596703.96	596703.96

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	81705.01	81705.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	81705.01	81705.01
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).....	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)) ..	81705.01	81705.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81705.01	81705.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250075.00	250075.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250075.00	250075.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	81705.01	81705.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	346628.96	346628.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	- 264923.95	- 264923.95

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 25

(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)

Freedom Partners Action Fund, Inc.

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

A. DEAN L BUNTROCK TRUST UAD 11/13/15

Mailing Address ONE TOWER LANE

OAKBROOK TERRACE TOWER, STE. 2242

City

OAKBROOK TERRACE

State

IL

Zip Code

60181-4671

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 ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2017

Transaction ID : SA11A.1824

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

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)..... ►

250000.00

250000.00

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

PAGE 7 OF 25

☐ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☒ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

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

A. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : SA15.1025

Amount of Each Receipt this Period

22810.44

☐ Memo Item
 VENDOR REFUND

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

B. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : SA15.1026

Amount of Each Receipt this Period

382.76

☐ Memo Item
 VENDOR REFUND

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

C. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : SA15.1027

Amount of Each Receipt this Period

3848.41

☐ Memo Item
 VENDOR REFUND

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

27041.61

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

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

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☐ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☒ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

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

A. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.1032

Amount of Each Receipt this Period

18992.53

☐ Memo Item
 VENDOR REFUND

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

B. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.1033

Amount of Each Receipt this Period

1328.36

☐ Memo Item
 VENDOR REFUND

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

C. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.1034

Amount of Each Receipt this Period

5636.17

☐ Memo Item
 VENDOR REFUND

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

25957.06

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

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

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☐ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☒ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

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

A. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : SA15.1035

Amount of Each Receipt this Period

202918.70

☐ Memo Item
 VENDOR REFUND

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

B. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : SA15.1036

Amount of Each Receipt this Period

32572.05

☐ Memo Item
 VENDOR REFUND

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

C. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : SA15.1037

Amount of Each Receipt this Period

48442.78

☐ Memo Item
 VENDOR REFUND

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

283933.53

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

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

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☐ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☒ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

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

A. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.1038

Amount of Each Receipt this Period

6437.34

☐ Memo Item
 VENDOR REFUND

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

B. I360

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297FEC 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 ▼

346605.54

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.1039

Amount of Each Receipt this Period

3236.00

☐ Memo Item
 VENDOR REFUND

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).....▶

9673.34

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

346605.54

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

PAGE 11 OF 25

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1000

Amount of Each Disbursement this Period

54.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I1008

Amount of Each Disbursement this Period

54.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I1020

Amount of Each Disbursement this Period

54.90

☐ Memo Item

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

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

164.70

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

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

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
04		04		2017

FEC Identification Number

C

Transaction ID : SB21B.I1040

Amount of Each Disbursement this Period

 54.90☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

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
05		02		2017

FEC Identification Number

C

Transaction ID : SB21B.I1051

Amount of Each Disbursement this Period

 54.90☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 947

City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
CREDIT CARD FEES

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
06		02		2017

FEC Identification Number

C

Transaction ID : SB21B.I1059

Amount of Each Disbursement this Period

 54.90☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

 164.70

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

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2017

Mailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1002

Amount of Each Disbursement this Period

424.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2017

Mailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1019

Amount of Each Disbursement this Period

428.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2017

Mailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1029

Amount of Each Disbursement this Period

200.57

☐ Memo Item

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

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

1054.33

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

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T BANKMailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

FEC Identification Number

C

Transaction ID : SB21B.I1042

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T BANKMailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

FEC Identification Number

C

Transaction ID : SB21B.I1057

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T BANKMailing Address 2200 WILSON BLVD.
STE. 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2017

FEC Identification Number

C

Transaction ID : SB21B.I1067

Amount of Each Disbursement this Period

218.00

☐ Memo Item

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

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

618.00

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

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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
01		17		2017

FEC Identification Number

C

Transaction ID : SB21B.I1001

Amount of Each Disbursement this Period

57.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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
02		15		2017

FEC Identification Number

C

Transaction ID : SB21B.I1013

Amount of Each Disbursement this Period

50.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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		15		2017

FEC Identification Number

C

Transaction ID : SB21B.I1028

Amount of Each Disbursement this Period

50.90

☐ Memo Item

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

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

159.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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
04		17		2017

FEC Identification Number

C

Transaction ID : SB21B.I1043

Amount of Each Disbursement this Period

50.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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
05		15		2017

FEC Identification Number

C

Transaction ID : SB21B.I1054

Amount of Each Disbursement this Period

50.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City
WILSONState
NCZip Code
27894Purpose of Disbursement
CREDIT CARD FEES

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
06		15		2017

FEC Identification Number

C

Transaction ID : SB21B.I1066

Amount of Each Disbursement this Period

56.90

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

158.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1009

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1022

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1041

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3000.69

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

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

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1053

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1061

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2017

Mailing Address 1593 SPRING HILL ROAD
STE. 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I999

Amount of Each Disbursement this Period

1000.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

3000.69

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

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

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
01		24		2017

FEC Identification Number

C

Transaction ID : SB21B.I1003

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

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		09		2017

FEC Identification Number

C

Transaction ID : SB21B.I1023

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

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
04		25		2017

FEC Identification Number

C

Transaction ID : SB21B.I1046

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

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

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

12000.00

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2017

Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1049

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2017

Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1055

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2017

Mailing Address 2200 WILSON BLVD.
STE. 102-533City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
OFFICE SPACE, UTILITIES, PERSONNEL, IT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1064

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

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

9000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

FEC Identification Number

C

Transaction ID : SB21B.I1024

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

FEC Identification Number

C

Transaction ID : SB21B.I1031

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2017

FEC Identification Number

C

Transaction ID : SB21B.I1047

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1050

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1056

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IN PURSUIT OFMailing Address 2300 WILSON BLVD.
5TH FLOORCity
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1065

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 PageFOR LINE NUMBER:
(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City
WASHINGTONState
DCZip Code
20016Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

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
02		01		2017

FEC Identification Number

C

Transaction ID : SB21B.I1006

Amount of Each Disbursement this Period

 18125.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City
WASHINGTONState
DCZip Code
20016Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

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
04		03		2017

FEC Identification Number

C

Transaction ID : SB21B.I1048

Amount of Each Disbursement this Period

 1809.59☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City
WASHINGTONState
DCZip Code
20016Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2017

FEC Identification Number

C

Transaction ID : SB21B.I1052

Amount of Each Disbursement this Period

 852.25☐ Memo Item

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

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

 20786.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City
WASHINGTONState
DCZip Code
20016Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1063

Amount of Each Disbursement this Period

1149.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City
WASHINGTONState
DCZip Code
20016Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I997

Amount of Each Disbursement this Period

18125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAGELY, INC.Mailing Address 4729 E SUNRISE DRIVE
STE. 435City
TUCSONState
AZZip Code
85718Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I1007

Amount of Each Disbursement this Period

399.00

☐ Memo Item

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

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

19673.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICEMailing Address MERRIFIELD
8409 LEE HIGHWAYCity
MERRIFIELDState
VAZip Code
22116Purpose of Disbursement
PO BOX RENEWAL

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1011

Amount of Each Disbursement this Period

1240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO INSURANCE SERVICES USA, INC.

Mailing Address PO BOX 203014

City
DALLASState
TXZip Code
75320Purpose of Disbursement
INSURANCE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1010

Amount of Each Disbursement this Period

3937.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WP ENGINE, INC.Mailing Address 504 LAVACA STREET
STE. 1000City
AUSTINState
TXZip Code
78701Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1014

Amount of Each Disbursement this Period

290.00

☐ Memo Item

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

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

5467.00

81248.85