

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MEGAPHONE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		103171.21
(b) Cash on Hand at Beginning of Reporting Period.....	128243.91	
(c) Total Receipts (from Line 19)	0.00	200000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	128243.91	303171.21
7. Total Disbursements (from Line 31).....	54598.59	229525.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73645.32	73645.32
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)	421135.02	

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

MEGAPHONE

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

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	200000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	200000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	200000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	200000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	200000.00

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	54598.59	54911.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54598.59	54911.89
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	174614.00
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)) ..	54598.59	229525.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54598.59	229525.89

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	200000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54598.59	54911.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54598.59	54911.89

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. Gober Hilgers PLLC		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5077 Amount of Each Disbursement this Period 180.00
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal and Compliance Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Gober Hilgers PLLC		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5078 Amount of Each Disbursement this Period 580.00
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal and Compliance Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Gober Hilgers PLLC		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5079 Amount of Each Disbursement this Period 80.00
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal and Compliance Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

840.00

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 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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017	
Mailing Address PO Box 341016			FEC Identification Number C [REDACTED] Transaction ID : SB21B.5080	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period [REDACTED] 3817.50	
Purpose of Disbursement Legal and Compliance Services		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017	
Mailing Address PO Box 341016			FEC Identification Number C [REDACTED] Transaction ID : SB21B.5081	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period [REDACTED] 8270.50	
Purpose of Disbursement Legal and Compliance Services		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017	
Mailing Address PO Box 341016			FEC Identification Number C [REDACTED] Transaction ID : SB21B.5082	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period [REDACTED] 6272.50	
Purpose of Disbursement Legal and Compliance Services		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

18360.50

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 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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017		
Mailing Address PO Box 341016			FEC Identification Number C Transaction ID : SB21B.5083 Amount of Each Disbursement this Period 127.50		
City Austin	State TX	Zip Code 78734			
Purpose of Disbursement Legal and Compliance Services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017		
Mailing Address PO Box 341016			FEC Identification Number C Transaction ID : SB21B.5084 Amount of Each Disbursement this Period 2150.00		
City Austin	State TX	Zip Code 78734			
Purpose of Disbursement Legal and Compliance Services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Gober Hilgers PLLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 2017		
Mailing Address PO Box 341016			FEC Identification Number C Transaction ID : SB21B.5085 Amount of Each Disbursement this Period 127.50		
City Austin	State TX	Zip Code 78734			
Purpose of Disbursement Legal and Compliance Services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

2405.00

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 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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. Gober Hilgers PLLC		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5086 Amount of Each Disbursement this Period [REDACTED] 211.56
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal and Compliance Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Prevail Strategies		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 7309A Colina Vista Loop		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5061 Amount of Each Disbursement this Period [REDACTED] 558.59
City Austin	State TX	Zip Code 78750
Purpose of Disbursement Fundraising Consulting		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5072 Amount of Each Disbursement this Period [REDACTED] 5003.25
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5773.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [] Transaction ID : SB21B.5087 Amount of Each Disbursement this Period [] 2062.69
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [] Transaction ID : SB21B.5088 Amount of Each Disbursement this Period [] 9651.00
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [] Transaction ID : SB21B.5089 Amount of Each Disbursement this Period [] 5239.00
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 16952.69
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 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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5091 Amount of Each Disbursement this Period 459.00
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5094 Amount of Each Disbursement this Period 839.00
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. The Gober Group		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address PO Box 341016		FEC Identification Number C Transaction ID : SB21B.5095 Amount of Each Disbursement this Period 648.50
City Austin	State TX	
Zip Code 78734	Purpose of Disbursement Legal Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1946.50
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 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)
MEGAPHONE

A. The Gober Group

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341016

City Austin State TX Zip Code 78734

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5096

Amount of Each Disbursement this Period: 5240.50

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5240.50
TOTAL This Period (last page this line number only).....▶	54558.59

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="2212.50"/>	Transaction ID : SD10.4120	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2212.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="140.00"/>	Transaction ID : SD10.4121	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="140.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="687.50"/>	Transaction ID : SD10.4122	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="687.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 180.00	Transaction ID : SD10.4123	
Amount Incurred This Period 0.00	Payment This Period 180.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 580.00	Transaction ID : SD10.4124	
Amount Incurred This Period 0.00	Payment This Period 580.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 80.00	Transaction ID : SD10.4125	
Amount Incurred This Period 0.00	Payment This Period 80.00	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="3817.50"/>	Transaction ID : SD10.4172	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3817.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="8270.50"/>	Transaction ID : SD10.4223	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8270.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="6272.50"/>	Transaction ID : SD10.4258	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6272.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 127.50	Transaction ID : SD10.4259	
Amount Incurred This Period 0.00	Payment This Period 127.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2150.00	Transaction ID : SD10.4315	
Amount Incurred This Period 0.00	Payment This Period 2150.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 127.50	Transaction ID : SD10.4331	
Amount Incurred This Period 0.00	Payment This Period 127.50	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 211.56	Transaction ID : SD10.4382	
Amount Incurred This Period 0.00	Payment This Period 211.56	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 4358.32	Transaction ID : SD10.4663	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4358.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2327.50	Transaction ID : SD10.4677	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2327.50

1) SUBTOTALS This Period This Page (optional)..... ▶	6685.82
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="6580.00"/>	Transaction ID : SD10.4724	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6580.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="857.50"/>	Transaction ID : SD10.4744	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="857.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="1242.50"/>	Transaction ID : SD10.4756	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1242.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8680.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 11637.50	Transaction ID : SD10.4825	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11637.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 5530.00	Transaction ID : SD10.4855	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5530.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 16800.00	Transaction ID : SD10.4980	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16800.00

1) SUBTOTALS This Period This Page (optional)..... ▶	33967.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 28
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 7472.50	Transaction ID : SD10.4981	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7472.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1575.00	Transaction ID : SD10.4995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1575.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2415.00	Transaction ID : SD10.5024	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2415.00

1) SUBTOTALS This Period This Page (optional)..... ▶	11462.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 28
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="1792.31"/>	Transaction ID : SD10.5034	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1792.31"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="3062.50"/>	Transaction ID : SD10.5037	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3062.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5067	
Amount Incurred This Period <input type="text" value="4455.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4455.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9309.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2062.69	Transaction ID : SD10.4441	
Amount Incurred This Period 0.00	Payment This Period 2062.69	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 9651.00	Transaction ID : SD10.4638	
Amount Incurred This Period 0.00	Payment This Period 9651.00	Outstanding Balance at Close of This Period 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 5240.50	Transaction ID : SD10.4664	
Amount Incurred This Period 0.00	Payment This Period 5240.50	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 648.50	Transaction ID : SD10.4678	
Amount Incurred This Period 0.00	Payment This Period 648.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 839.00	Transaction ID : SD10.4723	
Amount Incurred This Period 0.00	Payment This Period 839.00	Outstanding Balance at Close of This Period 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 459.00	Transaction ID : SD10.4743	
Amount Incurred This Period 0.00	Payment This Period 459.00	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 5239.00	Transaction ID : SD10.4757	
Amount Incurred This Period 0.00	Payment This Period 5239.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 8168.64	Transaction ID : SD10.4823	
Amount Incurred This Period 0.00	Payment This Period 5003.25	Outstanding Balance at Close of This Period 3165.39

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 12143.00	Transaction ID : SD10.4853	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12143.00

1) SUBTOTALS This Period This Page (optional)..... ▶	15308.39
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 28
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 10994.00	Transaction ID : SD10.4982	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10994.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 8162.50	Transaction ID : SD10.4983	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8162.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 890.50	Transaction ID : SD10.5004	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 890.50

1) SUBTOTALS This Period This Page (optional)..... ▶	20047.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 332.00	Transaction ID : SD10.5021	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 332.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 923.50	Transaction ID : SD10.5038	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 923.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 7369.00	Transaction ID : SD10.5039	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7369.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8624.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5066	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="10049.50"/>	<input type="text" value="0.00"/>	<input type="text" value="10049.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tusk Digital			Nature of Debt (Purpose): Website Development and Design
Mailing Address 718 7th St NW 2nd Floor			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4139	
<input type="text" value="297000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="297000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="307049.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="421135.02"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="421135.02"/>