

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 True North PAC

ADDRESS (number and street) 901 N Washington St, Suite 700 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00571000 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/06/2018 in the State of VA

5. Covering Period 10/01/2018 through 11/26/2018

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

Type or Print Name of Treasurer

Signature of Treasurer Koch, Timothy A., , , [Electronically Filed] Date 12/01/2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

True North PAC

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="2018"/>		108922.64
(b) Cash on Hand at Beginning of Reporting Period.....	26720.07	
(c) Total Receipts (from Line 19)	30000.00	286476.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56720.07	395399.14
7. Total Disbursements (from Line 31).....	27422.46	366101.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29297.61	29297.61
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)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

True North PAC

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).....	4000.00	106500.00
(ii) Unitemized	0.00	476.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4000.00	106976.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	26000.00	179500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30000.00	286476.50
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)).....▶	30000.00	286476.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30000.00	286476.50

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	21422.46	215101.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21422.46	215101.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	150000.00
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).....	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
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)) ..	27422.46	366101.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27422.46	366101.53

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)	30000.00	286476.50
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29000.00	285476.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21422.46	215101.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21422.46	215101.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
True North PAC

A. Gilman, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Talahi Road SE
 City Vienna State VA Zip Code 22180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hoffman Silver Gilman & Biasco Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11AI.5993
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Gordon, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4728 Barnsleigh Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RPM International Inc Occupation (for Individual) Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2018
Transaction ID : SA11AI.5973
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Gordon, Steven, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Capitol Ct NE Ste 100
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Spectrum Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2018
Transaction ID : SA11AI.5955
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
True North PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watkins, Timothy, , ,

Mailing Address 10950 Gilroy Rd
Ste J

City State Zip Code
Hunt Valley MD 21031

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Renegade Productions Inc. President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2018

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period
1750.00

Memo Item Contribution

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
True North PAC

A. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 961039

City FORT WORTH	State TX	Zip Code 76161
FEC ID number of contributing federal political committee. C C00235739		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2018

Transaction ID : SA11C.6025

Amount of Each Receipt this Period

3500.00

 Memo Item Contribution

B. CERNER CORPORATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 ROCKCREEK PARKWAY

City KANSAS CITY	State MO	Zip Code 64117
FEC ID number of contributing federal political committee. C C00410589		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2018

Transaction ID : SA11C.5997

Amount of Each Receipt this Period

5000.00

 Memo Item Contribution

C. FACEBOOK INC. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1299 PENNSYLVANIA AVE NW
 STE 800

City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00502906		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2018

Transaction ID : SA11C.5977

Amount of Each Receipt this Period

2500.00

 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
True North PAC

A. INTEL CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1155 F ST. NW
STE. 1025

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 05 / 2018
Transaction ID : SA11C.5974

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

B. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

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

Mailing Address 905 16TH ST., N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 26 / 2018
Transaction ID : SA11C.5999

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
11 / 06 / 2018
Transaction ID : SA11C.6001

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
True North PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 I STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 25 / 2018
Transaction ID : SA11C.5994

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL FISHERIES INSTITUTE (FISHPAC)

Mailing Address 7918 JONES BRANCH DRIVE
SUITE 700

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00101204

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 25 / 2018
Transaction ID : SA11C.5996

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 07 / 2018
Transaction ID : SA11C.6002

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	26000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
True North PAC

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5979 Amount of Each Disbursement this Period [REDACTED] 1453.17	
City Dallas	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Payment: See Memos		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. American Express		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5979.c Amount of Each Disbursement this Period [REDACTED] - 133.88	
City Dallas	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement Vendor Rebate		Memo Item <input checked="" 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. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018	
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5979. Amount of Each Disbursement this Period [REDACTED] - 25.00	
City Chicago	State IL	Zip Code 60606	Category/ Type [REDACTED]
Purpose of Disbursement Vendor Credit: Airfare Expense		Memo Item <input checked="" 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)..... ▶

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

[REDACTED] 1453.17
[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)
True North PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [] Transaction ID : SB21B.5979.1 Amount of Each Disbursement this Period [] - 602.20
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement Vendor Credit: Airfare		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. StubHub		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 199 Fremont St FL 4		FEC Identification Number C [] Transaction ID : SB21B.5979.3 Amount of Each Disbursement this Period [] 603.65
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement PAC Event Expense: Event Tickets		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Capital One Arena		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 601 F St NW		FEC Identification Number C [] Transaction ID : SB21B.5979. Amount of Each Disbursement this Period [] 983.40
City Washington	State DC	Zip Code 20004
Purpose of Disbursement PAC Event Expense: Event Tickets		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 checked="" type="checkbox"/> Memo Item	

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

[] 0.00

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)
True North PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018	
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5979.! Amount of Each Disbursement this Period [REDACTED] 602.20	
City Chicago	State IL	Zip Code 60606	Category/ Type [REDACTED]
Purpose of Disbursement PAC Airfare		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018	
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5979.€ Amount of Each Disbursement this Period [REDACTED] 25.00	
City Chicago	State IL	Zip Code 60606	Category/ Type [REDACTED]
Purpose of Disbursement PAC Airfare Expense		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 11 / 19 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6005 Amount of Each Disbursement this Period [REDACTED] 693.06	
City Dallas	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Payment: See Memos		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 693.06
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)
True North PAC

Full Name (Last, First, Middle Initial) A. Charlie Palmer Steak		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018	
Mailing Address 101 Constitution Ave. NW			
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement PAC Food & Beverage		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.6005.1 Amount of Each Disbursement this Period 300.00	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 08 / 2018	
Mailing Address 233 S. Wacker Drive			
City Chicago	State IL	Zip Code 60606	
Purpose of Disbursement PAC Airfare		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.6005.1 Amount of Each Disbursement this Period 371.20	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018	
Mailing Address PO Box 650448			
City Dallas	State TX	Zip Code 75265	
Purpose of Disbursement Vendor Rebate		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.6005. Amount of Each Disbursement this Period - 1.34	
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 checked="" type="checkbox"/> Memo Item		

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

0.00

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)
True North PAC

A. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.5966**

Amount of Each Disbursement this Period: 68.55

Memo Item

B. Black Rock Group LLC

Full Name (Last, First, Middle Initial)

Mailing Address 66 Canal Center Plaza Ste 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6015**

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Black Rock Group LLC

Full Name (Last, First, Middle Initial)

Mailing Address 66 Canal Center Plaza Ste 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6017**

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7568.55

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)
True North PAC

A. Koch & Hoos, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Washington St.
Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6000**

Amount of Each Disbursement this Period: 1276.40

Memo Item

B. MKJ, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 5905 Gloster Rd

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 12 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6003**

Amount of Each Disbursement this Period: 4000.00

Memo Item

C. Rizzo, Laura, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement
Expense Reimbursement: Courier

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6019**

Amount of Each Disbursement this Period: 46.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5322.68

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)
True North PAC

Full Name (Last, First, Middle Initial) A. Rizzo Dukes Group LLC		Date of Disbursement MM / DD / YYYY 11 / 21 / 2018	
Mailing Address 1316 Alexandria Ave		FEC Identification Number C []	
City Alexandria	State VA	Zip Code 22308	Transaction ID : SB21B.6024
Purpose of Disbursement PAC Fundraising Consulting		Category/ Type	Amount of Each Disbursement this Period 6375.00
Candidate Name		<input type="checkbox"/> Memo Item	
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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	6375.00
TOTAL This Period (last page this line number only).....▶	21412.46

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
True North PAC

A. ROUNDS FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 250

City PIERRE State SD Zip Code 57501

Purpose of Disbursement Contribution

Candidate Name ROUNDS, MIKE, , ,

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

State: SD District: 00

Date of Disbursement: 10 / 24 / 2018

FEC Identification Number: C00532465
Transaction ID : SB23.5990
Amount of Each Disbursement this Period: 5000.00

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
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
True North PAC

Full Name (Last, First, Middle Initial) A. BRYAN CAVE LLP POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 05 / 2018	
Mailing Address 1155 F STREET NW SUITE 700		FEC Identification Number C C00332643 Transaction ID : SB28C.5972 Amount of Each Disbursement this Period 1000.00	
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Refund	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number C	
City State Zip Code	Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number C	
City State Zip Code	Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>			

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
True North PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Black Rock Group LLC			Nature of Debt (Purpose): PAC Strategic Consulting
Mailing Address 66 Canal Center Plaza Ste 555			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : SD10.5976	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. 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 <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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

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" value="0.00"/>
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"/>