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FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   Fo	or Other Than	An Authorized	Committee				
l						Office Use Only	
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT <b>V</b>		mple: If typing, r the lines.	type	12FE4M	5	
STARS AND STRIPES	FOREVER F	PAC					
ADDRESS (number and street)	228 S WASHING	TON STREET					
Check if different than previously reported. (ACC)	SUITE 115 ALEXANDRIA				VA L	22314	
2. FEC IDENTIFICATION NUM	/IBER ▼	CITY ▲		S	STATE A	ZIP CC	DE A
C C00635243		3. IS THIS REPORT	x NEV	OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3)		20 (M6)	H		(Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 2	20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(c) 12-Day PRE-EI	ection	Primary (12P)		General (		Runoff (12R)
October 15 Quarterly Report (Q3)		for the:	Convention (12C	)	Special (	125)	
January 31 Year-End Report (YE		Election on	M M / D	D /	Y	in the State of	of
July 31 Mid-Year Report (Non-election Year Only) (MY)			General (30G)		Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M / D	D /	Y   Y   Y   Y	in the State o	of
5. Covering Period 04	01	2018	through	M M M 04	30/	2018	
I certify that I have examined this	Report and to the		wledge and belie	ef it is true	e, correct and	complete.	
Type or Print Name of Treasurer	——————————————————————————————————————						
Signature of Treasurer	RFIELD, DAVID, , ,		[Electronically Fil	ed] Da	ate 05	/ 20 /	2018
NOTE: Submission of false, erroneo	ous, or incomplete	information may su	bject the person	signing thi	s Report to th	e penalties of 52	2 U.S.C. § 301 <sub>09</sub> .
Office Use						FEC FOR Rev. 05/2	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC 04 01 2018 04 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 48328.07 January 1, 2018 (b) Cash on Hand at 147054.66 Beginning of Reporting Period..... 68764.67 352064.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 400392.42 215819.33 6(a) and 6(c) for Column B)..... 75000.67 259573.76 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 140818.66 140818.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 7063.80 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### STARS AND STRIPES FOREVER PAC

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	2045.40	
(i) Itemized (use Schedule A)	36415.18	216482.36
(ii) Unitemized	24870.52	106520.99
(iii) TOTAL (add	4 4	
Lines 11(a)(i) and (ii)	61285.70	323003.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	04005.70	222002.25
Totals to Line 33, page 5)▶	61285.70	323003.35
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	·	·
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	7478.97	29061.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts	68764.67	352064.3

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period					
Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00				
(i) I odorał charo						
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	24740.24	120675 04				
Expenditures (c) Total Operating Expenditures	31718.31	128675.01				
(add 21(a)(i), (a)(ii), and (b))▶	31718.31	128675.01				
. Transfers to Affiliated/Other Party	45 45 45					
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees	0.00	0.00				
and Other Political Committees  Independent Expenditures	0.00	0.00				
(use Schedule E)	43067.36	130631.75				
. Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4					
(use Schedule F)	0.00	0.00				
Loon Donoumento Mada	0.00					
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other	4 4					
Than Political Committees	215.00	267.00				
4	7 7 7					
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contribution Refunds	0.00	7.00				
(add Lines 28(a), (b), and (c))	215.00	267.00				
	45 45 45	7 7 201.00				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(2	0))					
(a) Allocated Federal Election Activity	<i>''</i>					
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	222	222				
(b) Federal Election Activity Paid	0.00	0.00				
Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	7 7					
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Bishamanada (c.1111 - 211)						
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))						
23, 24, 23, 20, 21, 20(u), 29 and 30(c))	75000.67	259573.76				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	75000.67	259573.76				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page <b>5</b>		
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	61285.70	323003.35		
4. Total Contribution Refunds (from Line 28(d))	215.00	267.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61070.70	322736.35		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	31718.31	128675.01		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	31718.31	128675.01		

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XN Transaction ID :

ORIGINAL INDEPENDENT EXPENDITURE ESTIMATED AMOUNT TO ZIP MAILING SERVICES REPORTED ON 1/22/2018 AS \$150 HAS BEEN REVISED TO \$50.22 EACH. SCHEDULE D AMOUNTS HAVE BEEN UPDATED TO REFLECT FINAL AMOUNT ON THIS REPORT.

Form/Schedule: Transaction ID:

FOR LINE NUMBER:						PAGE	7	OF	93	
	(check only one)									
		X	11a		11b		11c	12		
			13		14		15	16	;	17

	the name and address of any political committee						
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC						
Full Name of Individual (Last, First, Middle SHEPHERD, BARRY, , MR,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2670 60TH AVE SE	Mailing Address 2670 60TH AVE SE						
City ROCHESTER	State Zip Code MN 55904	Transaction ID : AC2F7178AF1204521942  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) IBM	Occupation (for Individual) ELECT ENG	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00						
Full Name of Individual (Last, First, Middle B. GRIFFIN, SANDRA, C, MS.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2007 MARDEL CT  City  HOUSTON	State	Transaction ID : AF4514BA595FA4883A36  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	Cooungtion (for Individual)	50.00 Memo Item					
Name of Employer (for Individual) RETIRED	Occupation (for Individual)  RETIRED	- Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
Full Name of Individual (Last, First, Middle BUDD, BERTEL, O, ,  Mailing Address 3695 DOVER RD	Initial) or Full Organization Name	Date of Receipt					
1010 CENTENNIAL DR City CHEYENNE	State Zip Code WY 82001	04 02 2018  Transaction ID : A2BBC32456AB94CD0A  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	300.00						
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  500.00						
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	400.00					
TOTAL This Period (last page this line numb	er only)						

FOR LINE NUMBER:						PAGE		8	OF	93		
	(check only one)											
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			13		14		15		16	6	17	

	g the name and address of any political committee				
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC				
Full Name of Individual (Last, First, Middle WEISENBURGER, DAVID, C, MR, Mailing Address 1755 CHADWICK CT	e Initial) or Full Organization Name	Date of Receipt			
		04 02 2018			
City MOUNT PLEASANT	State         Zip Code           MI         48858-8263	Transaction ID : A201C93E4D53F4E2FBD  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) GENERAL AGENCY COMPANY	Occupation (for Individual) INSURANCE AGT	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name of Individual (Last, First, Middle KARCHER, EDWARD, L, ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 496 E LAKE SHORE DR		04 02 2018			
City BARRINGTON	State Zip Code IL 60010	Transaction ID : AA6F7E2B6084D49559FI Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name of Individual (Last, First, Middle LARIVEE, PAUL, R, ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 26 COMMERCIAL ST UNIT 306B		04			
City CONCORD	City State Zip Code				
FEC ID number of contributing federal political committee.	100.00				
Name of Employer (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optiona	ll)	700.00			
TOTAL This Period (last page this line num	nber only)				

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

FOR LINE NUMBER:					PAGE		9	OF	93	
(0	(check only one)									
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		13		14		15		16	6	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.

or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE)	/ER PAC	
Full Name of Individual (Last, First, Middle In ILSEN, ROLAND, R, MR,  Mailing Address 6847 ABBOTTSWOOD DR  City RANCHO PALOS VERDES  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  RETIRED  Receipt For: Primary General Other (specify)	State Zip Code CA 90275-3058  C  Occupation (for Individual) RETIRED  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / 02
Full Name of Individual (Last, First, Middle In BRAUNECKER, EVELYN, , , Mailing Address 23 HUNTER RD  City  NEW CASTLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) HOMEMAKER  Receipt For:  Primary  Other (specify)   General	State Zip Code DE 19720  C  Occupation (for Individual) HOMEMAKER  Aggregate Year-to-Date  240.00	Date of Receipt  M M M / DD / 2018  Transaction ID: A70B93EFDA59540E1955  Amount of Each Receipt this Period  120.00  Memo Item
Full Name of Individual (Last, First, Middle In ANDERSON, RICHARD, , JUDG Mailing Address PO BOX 1396  City CAMP VERDE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) RETIRED  Receipt For: Primary Other (specify)		Date of Receipt  M M M / DD / 2018  Transaction ID : ACAE63BBF7C4A4D57B36  Amount of Each Receipt this Period  200.00  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		420.00

FOR LINE NUMBER:					PAGE	_ ′	10	OF	93	
(0	(check only one)									
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	s and Statements may not be sold or used by any pers sing the name and address of any political committee t	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FO	DREVER PAC	
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1106 N HARVILLE RI		04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : ADDD3F26A04424669AA8
DUNCAN	OK 73533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	450.00	
B. DHANSE, CATHERINE, A, M	iddle Initial) or Full Organization Name S.,	Date of Receipt
Mailing Address 1300 DONNAN AVE		M M / D D / Y Y Y Y Y
APT E9	State Zin Code	04 03 2018
City WASHINGTON	State Zip Code PA 15301-6558	Transaction ID : AE8C11A3B889647A29BE
	173 13301-0330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer (for Individual) WINK CHERO & REHAB	Occupation (for Individual) CHIRO ASSISTANT	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	276.00	
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 800 LORI DR		04 05 2018
City	State Zip Code	Transaction ID : A792D114CCB674975BE5
BOONVILLE	MO 65233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate rear-to-pate v	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (option	onal)	295.00
TOTAL This Davied (Issaers and Italy II	number subd	
IUIAL This Period (last page this line r	number only)	

		LINE	PAGE		11	OF		93			
(check only one)											
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		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC					
Full Name of Individual (Last, First, Middle III) A. KING, HARVEY, C, MR,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 11 AALAPAPA PL		04 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : A1E73866B8FD54967B8F				
KAILUA	HI 96734-3118	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
KING & NEEL, INC	INSUR BROKER					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	250	0.00				
Full Name of Individual (Last, First, Middle I	aitial) or Full Organization Name					
DOUGLASS, DONALD, J, MR,		Date of Receipt				
Mailing Address 8961 LAKE DR		M M / D D / Y Y Y Y				
APT 306	State 7:- 0-1-	04 05 2018				
City CAPE CANAVERAL	State Zip Code FL 32920-5507	Transaction ID : A32C4CD339DAB4FE48B9				
	) - C 37A70-2201	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	50 0	0.00				
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 22720 CAVALIER ST		04 05 2018				
City	State Zip Code	Transaction ID : A65796DD6DE0C46E6A9C				
WOODLAND HILLS	CA 91364	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		200				
Other (specify)	Other (specify) 300.00					
SUBTOTAL of Receipts This Page (optional)		425.00				
TOTAL This Period (last page this line numbe	r only)					

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

F	OR	LINE	NU	MBER	:	PAGE	_ ′	12	OF		93
(check only one)											
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	the name and address of any political committee				
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC				
Full Name of Individual (Last, First, Middle BONWELL, MARYALICE, E, MS., Mailing Address 1704 VILLAGE DR	e Initial) or Full Organization Name	Date of Receipt			
		04 05 2018			
City	State Zip Code	Transaction ID : A3EA69CEDA2484FE0A9			
LYNDEN	WA 98264-1283	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
RETIRED	RETIRED				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General					
Other (specify) ▼	400.00				
Full Name of Individual (Last, First, Middle SHAW, JOHN, A, ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 142 W 720TH AVE		04 05 2018			
City	State Zip Code	Transaction ID : A50B5DDBA23574BBD90			
FORT SCOTT	KS 66701	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00				
Full Name of Individual (Last, First, Middle	 e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 2851 SEMINOLE ST		04 05 2018			
City	State Zip Code	Transaction ID : A667C4463CD264C0FAA			
MIAMI	FL 33133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer (for Individual) S RESEARCH	Occupation (for Individual) PHYSICIAN	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General	55 5				
Other (specify)	Other (specify) 250.00				
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	350.00			
TOTAL This Period (last page this line num)	her only)				

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(0	(check only one)										
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC	
Full Name of Individual (Last, First, Middle REYNOLDS, MARY, S, MRS.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 4200 GLENARM RD		04 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CRESTWOOD	State         Zip Code           KY         40014-8976	Transaction ID : A8BB51181AB454C3AAE  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle PHILLIPS, GEORGE, C, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 201 COLLEGE PL APT 413 City NORFOLK	State Zip Code VA 23510	04 05 2018  Transaction ID : A5003E124A6C64BD69F1  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00	
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 4917 TENNESSEE AVE		04 05 / Y Y Y Y
City CHATTANOOGA	State Zip Code TN 37409	Transaction ID : ABFBC90FEB7FE4AE490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optional	)	370.00
TOTAL This Period (last page this line numl	ber only)	

F	OR	LINE	:	PAGE	 14	OF	93		
(0	che	ck only	or	ne)					
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		13		14		15	16		17

	the name and address of any political committee						
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC						
Full Name of Individual (Last, First, Middle FORSYTHE, GERALD, R, ,  Mailing Address 1111 WILLIS AVE	Initial) or Full Organization Name	Date of Receipt					
		04 06 2018					
City WHEELING	State Zip Code IL 60090	Transaction ID : A13C65F9C18A444D2993  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	2000.00					
Name of Employer (for Individual) INDECK ENERGY SERVICESINC	Occupation (for Individual) EXECUTIVE	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
Full Name of Individual (Last, First, Middle SCOTT, DOROTHY, R, MRS.,  Mailing Address 5105 SEABREEZE WAY	Initial) or Full Organization Name	Date of Receipt					
City OXNARD	State Zip Code CA 93035-1054	04 09 2018  Transaction ID : A1698686A603F4F10AF6.  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00						
Full Name of Individual (Last, First, Middle C. ROSEMA, CARL, E, MR,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 10934 PORTAGE RD		04 09 / 2018					
City PORTAGE	State   Zip Code     49002-7309	Transaction ID : A44DBE7A46B5F4F2CA  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00						
SUBTOTAL of Receipts This Page (optional).	·	2600.00					
TOTAL This Period (last page this line numb	er only)						

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$\rangle$	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVE	R PAC					
١.	Full Name of Individual (Last, First, Middle Initial BERRY, JAMES, O, MR,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address PO BOX 91652			04 09 2018			
	City	State	Zip Code	Transaction ID : AD2288BFDCC9348C685D			
	MOBILE	AL	36691-1652	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		80.00			
	Name of Employer (for Individual) ALABAMA STATE PORT AUTHOR	l '	tion (for Individual) JNTANT	Memo Item			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00				
3.	Full Name of Individual (Last, First, Middle Initial LESLIE, WILLIAM, F, MR, Mailing Address 111 STARFLOWER DR	) or Full Orga	nization Name	Date of Receipt			
				04 09 2018			
	City	State	Zip Code	Transaction ID: A1FD595D92A01433084D			
	GRIFFIN	GA	30223-5799	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer (for Individual) RETIRED	Occupa RETIRI	tion (for Individual) ED	Memo Item			
	Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate real-to-Date V					
<u> </u>	Full Name of Individual (Last, First, Middle Initial MUNN, ARNOLD, S, MR,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 9708 W HAWTHORNE ST			04 09 2018			
	CRYSTAL RIVER	State FL	Zip Code 34428-6111	Transaction ID: A40A59F577EE74EA78DA  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		300.00			
	Name of Employer (for Individual)	Occupa RETIRE	tion (for Individual)	Memo Item			
	Receipt For:  Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 600.00				
s	UBTOTAL of Receipts This Page (optional)			580.00			
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Detailed Summary Page 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) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name POSSIN, MARC, S, , Date of Receipt Mailing Address 6093 N 2200TH AVE 09 2018 City Zip Code State Transaction ID: AE4FFE731672F4690B97 IL 61254-8834 **GENESEO** Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) JOHN DEERE SHARED SERVICES INC **TECHNOLOGY ARCHITECT** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRISCOE, FRANCIS, J, MR, Date of Receipt Mailing Address 6150 RUSTIC HILLS DR 04 2018 City State Zip Code Transaction ID : ACA6941FCC1A84FAAAE1 **ROCKLIN** CA 95677-3209 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SARTORI, DAVID, , , Date of Receipt Mailing Address 15529 WILLOWBROOK AVE 10 2018 City State Zip Code Transaction ID: A12A013CC245E44F9B9F FL LAKE PLACID 33852 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF EMPLOYED **FARMER** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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93 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BURIANEK, BRUCE, L, MR, Date of Receipt Mailing Address 3010 QUINCANNON LN 2018 City Zip Code State Transaction ID: A08CCD844826C4A4B93B TX HOUSTON 77043-1201 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF EMPLOYED SELF EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILLMAN, TATNALL, , , Date of Receipt Mailing Address 504 W BLEEKER ST 04 2018 City State Zip Code Transaction ID : AB04A923A4F484073976 **ASPEN** CO 81611 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 10000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WOLLRAB, FRED, , , Date of Receipt Mailing Address 107 HILLTOP RD 12 2018 City Zip Code State Transaction ID: AC5B79BE2C8B6463696C IL **BLOOMINGTON** 61701 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 10295.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC	
Full Name of Individual (Last, First, Middle I GODWIN, JOE, R, CSM, RET	nitial) or Full Organization Name	Date of Receipt
Mailing Address 555 PARK AVE		04 12 2018
City	State Zip Code	Transaction ID : AC89228E5A38B44FAB25
FOLEY	AL 36535-1136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Middle I BUCHHOLZ, MARGRETT, H, ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 7408 N 1122 PR NW		04 13 2018
City	State Zip Code	Transaction ID : ABC51BD41629049A79D9
PROSSER	WA 99350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 106 HILDA HOLOW		04 13 2018
City	State Zip Code	Transaction ID : A5C9362131A644DE29F7
YORKTOWN	VA 23693	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) US ARMY TRANSPORT. SCHOOL	Occupation (for Individual) FEDERAL EMPLOYE	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	800.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC	
Full Name of Individual (Last, First, Middle SWIGERT, HENRY, T, ,  Mailing Address 1425 SW 20TH AVE	Initial) or Full Organization Name	Date of Receipt
STE 104		04 13 2018
City	State Zip Code	Transaction ID : AE5A664CFE5FC44F1A00
PORTLAND	OR 97201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle 18. PALMER, DONALD, , MR,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4704 CAMBRIDGE CT		04 13 2018
City	State Zip Code	Transaction ID : AA71A09526092472C8BB
LAKE OSWEGO	OR 97035-5386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300,00	
Full Name of Individual (Last, First, Middle C. WOLLRAB, FRED, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 107 HILLTOP RD		04 15 2018
City BLOOMINGTON	State Zip Code IL 61701	Transaction ID : A137B64F0AB4F4B6C9E
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	440.00	
SUBTOTAL of Receipts This Page (optional).	····	450.00
TOTAL This Period (last page this line number	er only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZIMMERMAN, LOIS, R,, Date of Receipt Mailing Address 6909 DR MARTIN LUTHER KING JR APT 3 16 2018 City Zip Code State Transaction ID: ADB7D0351CF1845EF902 FL SAINT PETERSBURG 33705 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TUGGLE, KATHLEEN, R S, Date of Receipt Mailing Address 2095 HIGHWAY A1A 04 16 2018 City State Zip Code Transaction ID : ADA8E7762CD1E4DC0ACE INDIAN HARBOUR BEACH FL 32937 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HOMEMAKER **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ISLAM, ANGE, RAE, MISS, Date of Receipt Mailing Address 5584 STATE ROUTE 20A E 16 2018 City Zip Code State Transaction ID: A9EB1A4C099EB412988E NY WARSAW 14569-9302 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC	
Full Name of Individual (Last, First, Middle EYESTONE, MAYNARD, M, DR., PH	,	Date of Receipt
Mailing Address 2803 E WINGER RD		04 17 2018
City	State Zip Code	Transaction ID : AF76854CCEFA0416A8B7
MEAD	WA 99021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	510.00	
Full Name of Individual (Last, First, Middle B. EPPLE, PAMELA, J, MS.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12075 LEWIS RD		04 17 2018
City	State Zip Code	Transaction ID : A5AD7B763C4C043E6B00
BRANCHVILLE	IN 47514-9022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer (for Individual) MARY KAY	Occupation (for Individual) SALES DIRECTOR	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle BUESCHEL, HOWARD, A, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 107 UPPER FERRY RD		04 17 2018
City	State Zip Code	Transaction ID : A89796AC7741848D6976
TRENTON	NJ 08628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	800.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	450.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC	
Full Name of Individual (Last, First, Middle ALLEN, JEAN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1522 LAKE SHORE DR		04 19 2018
City	State Zip Code	Transaction ID : A7BC636498A814D33AC3
LONG BEACH	IN 46360-1456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle BERNHOFT, EDWARD, T, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3276 TOPAZ LN		04 19 2018
City	State Zip Code	Transaction ID : A25301ADE87C44308A40
CAMERON PARK	CA 95682-8514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middle . MULLINS, WILLIAM, S, , III	Initial) or Full Organization Name	Date of Receipt
Mailing Address 10 TWIN OAKS PL		04 20 2018
City	State Zip Code	Transaction ID : A0777D7A5A76B469F96F
LAUREL	MS 39440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) HORTMAN HARLOW LAW	Occupation (for Individual) LAWYER	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify)	550.00	
SUBTOTAL of Receipts This Page (optional).		350.00
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Detailed Summary Page 13 14 15 16 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) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRITTON, LYNDA, R, MS., Date of Receipt Mailing Address 9913 LAKE SHORE BLVD 2018 City Zip Code State Transaction ID: A64BE9E9475484DC48D6 OH **CLEVELAND** 44108-1052 Amount of Each Receipt this Period FEC ID number of contributing C 13500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 27000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WELLS, KEITHA, K, MS., Date of Receipt Mailing Address 3911 APPALACHIAN TRL 04 2018 City State Zip Code Transaction ID: AB9DEECF168C94623BDC **KINGWOOD** TX 77345-1022 Amount of Each Receipt this Period FEC ID number of contributing 20.18 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 480.72 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SEMLER, SHIRLEY, A, , Date of Receipt Mailing Address 1053 CHAMBERS RD 24 2018 City Zip Code State Transaction ID: A23DBDF5551824BE1821 NY **HORSEHEADS** 14845-8948 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF EMPLOYED **CAREGIVER** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 13645.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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$\rangle$	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVE	R PAC	<u> </u>		
١.	Full Name of Individual (Last, First, Middle Initia SMITH, S, LEE, ,	ll) or Full C	Organization Name		Date of Receipt
	Mailing Address 1154 HARVEST GLEN DR NW				04 24 2018
	City	State	Zip Code		Transaction ID : A76DD60131E764966BEE
	CLEVELAND	TN	37312-6361		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Memo Item
	US POSTAL SERVICE	CU	STODIAN		_
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼			00.00	
3.	Full Name of Individual (Last, First, Middle Initia BLOOMFIELD, JANET, A, MS.,	ıl) or Full C	Organization Name		Date of Receipt
	Mailing Address 3878 MUSGROVE RD				04 24 2018
	City	State	Zip Code		Transaction ID : A215BF01F1EBC4D3BB6E
	CHILLICOTHE	ОН	45601-9777		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer (for Individual) RETIRED		cupation (for Individual)		Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	80.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia KRICK, DONALD, H, MR,	ll) or Full C	Organization Name		Date of Receipt
	Mailing Address 840 STONEY CREEK DR APT A				04 26 2018
	City	State	Zip Code		Transaction ID : AC47F6D400A9E4FC8936
	DAUPHIN	PA	17018-9649		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer (for Individual) RETIRED	l l	cupation (for Individual)		Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		30	00.00	
s	UBTOTAL of Receipts This Page (optional)				450.00
T	OTAL This Period (last page this line number or	nly)		<b>&gt;</b>	

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13 14 15 16 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) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DHANSE, CATHERINE, A, MS., Date of Receipt Mailing Address 1300 DONNAN AVE APT E9 2018 City State Zip Code Transaction ID: A2804FCCA328B4E2FA41 WASHINGTON PA 15301-6558 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) WINK CHERO & REHAB **CHIRO ASSISTANT** Receipt For: Aggregate Year-to-Date ▼ Primary General 311.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PORTER, HOWARD, F, MR, III Date of Receipt Mailing Address PO BOX 392 04 2018 City State Zip Code Transaction ID: A4ED883DC6479498C873 NC **GASTON** 27832-0392 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HUNTER, JAMES, S, MR, Date of Receipt Mailing Address 19330 BEAUFAIN ST 2018 City Zip Code State Transaction ID: A12DF655EDBF94145B4C NC **CORNELIUS** 28031-5531 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 585.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC	
Full Name of Individual (Last, First, Middle BROWN, HELEN, M, ,  Mailing Address 403 W MAIN ST	e Initial) or Full Organization Name	Date of Receipt
		04 30 2018
City SILVER LAKE	State Zip Code IN 46982	Transaction ID : A94F7E9594E534BFDB99 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) WARSAW COMMUNITY HIGH SCHOOL	Occupation (for Individual) CASHIER	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle WELLS, KEITHA, K, MS.,	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 3911 APPALACHIAN TRL  City	State Zip Code	04 30 2018  Transaction ID : AD66456EEDDBB4D4486
KINGWOOD	TX 77345-1022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 580.72	
Full Name of Individual (Last, First, Middle NUNN, ARNOLD, S, MR,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 9708 W HAWTHORNE S	Г	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CRYSTAL RIVER	State         Zip Code           FL         34428-6111	Transaction ID : A7D9A5B47E5A24D3DB4  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional	)	900.00
TOTAL This Period (last page this line numl	ber only)	

F	OR	LINE	NU	MBER	PAGE	2	27	OF	93	
(0	che	ck only	or	ne)						
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		13		14		15		16		17

Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements name an	may not be sold or used by any person d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVI	ER PA	С									
Α.	Full Name of Individual (Last, First, Middle Initi MARAGONI, JESSIE, , MRS., Mailing Address 4358 S DEL REY AVE	al) or Ful	I Organization Name	Date of Receipt								
	City	State	Zip Code	Transaction ID : A03D348FF1CE54E08A5								
	DEL REY	EY CA 93616-9705										
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual)	C	Occupation (for Individual)	Memo Item								
	RETIRED	F	RETIRED									
	Receipt For: Primary General	Aggrega	ate Year-to-Date ▼ 600.00									
	Other (specify) ▼		000.00									
В.	Full Name of Individual (Last, First, Middle Initi REMINGTON, JAMES, A, MR,  Mailing Address 2671 TRELLIS GREEN CIR	al) or Ful	l Organization Name	Date of Receipt								
	ZOTT TREELIG GREEN OIR	ZOTT INCLES ONCE TO ONC										
	City HENRICO	State	Zip Code 23233-6984	Transaction ID : A6D5091CDF040475A884  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	20200 0004	1000.00								
	Name of Employer (for Individual) RETIRED	I .	Occupation (for Individual)	Memo Item								
	Receipt For:  Primary General  Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 2000.00									
<del></del>	Full Name of Individual (Last, First, Middle Initi REES, NORMAN, E, ,	al) or Ful	l Organization Name	Date of Receipt								
	Mailing Address 2406 HIGH POINTE CT			04 30 2018								
	City FAIRFIELD	State CA	Zip Code 94534	Transaction ID : A1C7E19FC539444E8852  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) RETIRED		Occupation (for Individual)	Memo Item								
	Receipt For:	Aggrega	ate Year-to-Date ▼									
	Primary General Other (specify)		300.00									
s	SUBTOTAL of Receipts This Page (optional)			1500.00								
Т	OTAL This Period (last page this line number of	only)		36415.18								

			LINE	NU	IMBER	:	PAGE	2	28 (	OF		93
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for each category of the Detailed Summary Page			11a		11b		11c		12			
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	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV	ER PAC		
A.	Full Name of Individual (Last, First, Middle Init OMEGA LIST COMPANY	tial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1420 SPRING HILL ROAD SUITE 490			04 11 2018
	City MCLEAN	State VA	Zip Code 22102	Transaction ID : A0F708379EED74E5481E
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 7478.97
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item LIST RENTAL
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 28894.33	
В.	Full Name of Individual (Last, First, Middle Init	tial) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  Memo Item
	Name of Employer (for Individual)  Receipt For:  Primary General  Other (specify) ▼		rpation (for Individual)  Year-to-Date ▼	Wellio Relli
<u> </u>	Full Name of Individual (Last, First, Middle Init	tial) or Full Or	ganization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			7478.97
Т	OTAL This Period (last page this line number of	only)		7478.97

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S	CHEDULE B (FEC Form 3X)			FOR	LINE	NE NUMBER: PAGE 29 OF 93											
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	`	(check only one)												
			Summary Page	<b>X</b> 21b 28a		22 28b	23 28c		26 29	27 30b							
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar										i						
	NAME OF COMMITTEE (In Full)																
	STARS AND STRIPES FOREVER	RPAC															
_	Full Name (Last, First, Middle Initial)																
Α.						M = M		D /	Υ	Y Y Y Y							
	Mailing Address 1420 SPRING HILL ROAD, SUITE							04 02 2018									
	City MCLEAN	State VA	Zip Code 22102-3028			FEC Id	entification	on Nun	nber								
	Purpose of Disbursement		22102 0020		_	С											
	DIRECT MAIL FULFILLMENT ITEMS						nsactio	n ID · F	36244	BBC9:							
	Candidate Name			Catego					-	ent this Perio	od						
	Office Sought: House Disburser	ment For:		турс						3870.00	П.						
	Senate Primary General						7		7	45	_						
	President State: District:	Other (spec	cify) ▼			Me	mo Item										
_	Full Name (Last, First, Middle Initial)																
B.	PINKSTON GROUP					Date of Disbursement											
	Mailing Address 5270 SHAWNEE ROAD SUITE 10	02			04 02 2018												
	City State Zip Code ALEXANDRIA VA 22312						entification	on Nur	nber								
	ALEXANDRIA Purpose of Disbursement	VA		C Transaction ID : B988C85C98/													
	PUBLIC RELATIONS AND WEBSITE MAINTENAN																
	Candidate Name			Catego		Amount of Each Disbursement this Period 1000.00											
	Office Sought: House Disburser	ment For:		Туре													
	Senate Stagnic	Primary	General				7		7		-						
	President	Other (spec	cify)			Me	mo Item										
_	State: District:  Full Name (Last, First, Middle Initial)					_											
C.	ADP					Date o	f Disburs	ement		Y   Y   Y							
	Mailing Address 2812 EMERYWOOD PARKWAY					04		06	L	2018							
	City	State	Zip Code			FFC Id	entification	on Nur	nber								
	RICHMOND Purpose of Disbursement	VA	23294				- milouti			-							
	PAYROLL SERVICE FEE					C	ansactio	n ID : I	37E2D	D3110							
	Candidate Name  Category/ Type									ent this Perio	od						
	Office Sought: House Disbursement For:			. , , , ,					- ·	50.29							
	Senate	Primary	General						-)								
	State: District:	Other (spec	cify) ▼			Me	mo Item										
	otato. District.					_		_	_		_						
8	SUBTOTAL of Disbursements This Page (optional)								_	4920.29							
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1 T	<b>OTAL</b> This Period (last page this line number only)	1							_								

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVE			The second secon		
Full Name (Last, First, Middle Initial)  A. ARISTOTLE INTERNATIONAL			Date of Disbursement		
Mailing Address 205 PENNSYLVANIA AVE SE			04 09 2018		
City WASHINGTON	State Zip Code 20003-1164		FEC Identification Number		
Purpose of Disbursement COMPLIANCE DATABASE Candidate Name			Transaction ID : B9F92E515C!		
Office Sought: House Disburs	ement For:	Category/ Type	Amount of Each Disbursement this Period 1000.00		
Senate President State: District:	Primary General Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)  B. SAVANNA COMMUNICATIONS  Mailing Address 755 SONNE DRIVE			Date of Disbursement  O4 09 2018		
City	State Zip Code		FEC Identification Number		
ANNAPOLIS Purpose of Disbursement GENERAL MEDIA CONSULTING Candidate Name	MD 21401-7120	Category/	Transaction ID : B241FFB3049 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)	Туре	3500.00		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)  C. DESERT FOX STRATEGIC COM	IMUNICATIONS		Date of Disbursement		
Mailing Address 5841 E CHARLESTON BLVD SUITE 230-226			04 15 2018		
City MT REAGAN	State Zip Code NV 89142		FEC Identification Number		
Purpose of Disbursement COMMUNICATIONS CONSULTING			C Transaction ID : B10126223D		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursi Senate President	ement For:  Primary General  Other (specify) ▼		1000.00		
State: District:	· · ·		wello itelli		
Senate President	Primary General Other (specify) ▼		1000.0  Memo Item  5500.0		

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SCHEDULE B (FEC Form 3X)	Lien congrate cohodule(s)	FOR LINE NUMBER: PAGE 31 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER			Samuel Committee					
Full Name (Last, First, Middle Initial)  SOUSA, JOHN, P, , IV			Date of Disbursement					
Mailing Address 11-C TALCOTT FOREST RD UNIT C			04					
	State Zip Code CT 06032		FEC Identification Number					
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	00002	· · ·	C Transaction ID - BOARDATEA					
Candidate Name		Category/ Type	Transaction ID: B848FB45F4, Amount of Each Disbursement this Period					
Office Sought: House Disbursen Senate President	ment For: Primary General Other (specify) ▼		3500.00 Memo Item					
State: District:			Memo item					
Full Name (Last, First, Middle Initial)  3. ATKINSON, MAURICE, , ,  Mailing Address 695 FRIAR TUCK LN			Date of Disbursement  O4 15 2018					
	State Zip Code		FEC Identification Number					
MACON Purpose of Disbursement SOCIAL MEDIA CONSULTING	GA 31220		C					
Candidate Name		Category/ Type	Transaction ID: B08FFBBB48 Amount of Each Disbursement this Period					
	nent For: Primary General Other (specify)		750.00					
State: District:			Memo Item					
Full Name (Last, First, Middle Initial)  SARACINO, WILLIAM, , ,			Date of Disbursement					
Mailing Address 3625 ANGELUS AVE			04 15 2018					
City GLENDALE Purpose of Disbursement	State Zip Code CA 91208		FEC Identification Number					
POLITICAL STRATEGY CONSULTING  Candidate Name		Category/ Type	Transaction ID : BE5A8E74B( Amount of Each Disbursement this Period					
Office Sought: House Disbursen Senate President	ment For:  Primary General  Other (specify)	туре	1500.00 Memo Item					
State: District:			<u> </u>					
SUBTOTAL of Disbursements This Page (optional)		······································	5750.00					
TOTAL This Period (last page this line number only)	)							

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SCHEDULE B (FEC Form 3X)	NE NUMBE	E NUMBER: PAGE 32 OF 93												
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I `	only one)	one) 22 23 26 27									
		Summary Page		21b 22 28a 28b		:3 !8c	29	30b						
Any information copied from such Reports and State	ments may	not be sold or use												
or for commercial purposes, other than using the na														
NAME OF COMMITTEE (In Full)														
$ \; angle$ STARS AND STRIPES FOREVEF	RPAC													
Full Name (Last, First, Middle Initial)														
A. VALTIM				Date	of Disb	ursen	nent							
				M	M /	D   D		YYY						
Mailing Address P.O. BOX 809 1095 VENTURE DR				04		16		2018						
City	State	Zip Code		EEC	Idontific	ation	Number							
FOREST	VA	24551-0809			identinic	allon	Number							
Purpose of Disbursement FUNDRAISING DIRECT MAIL EXPENSE														
Candidate Name			Category		Transaction ID : B6C413EB9D  Amount of Each Disbursement this Period									
			Type	Amoc	int or L	uon L	713Dul 3CII	ioni tilis i chod						
	ment For:	0					7	756.46						
Senate President	Primary Other (spe	General												
State: District:	(0)	, v			1emo Ite	em								
Full Name (Last, First, Middle Initial)														
B. ADP				Date	Date of Disbursement									
Mailing Address 2812 EMERYWOOD PARKWAY	ddress 2812 EMERYWOOD PARKWAY				M /	20		2018						
City RICHMOND	State VA	Zip Code 23294		FEC	FEC Identification Number									
Purpose of Disbursement	VA	23294	C	C										
PAYROLL SERVICE FEE					Transaction ID : BF61115AB8I Amount of Each Disbursement this Period									
Candidate Name			Category	_										
Office Sought: House Disburse	ment For:		Туре		53.56									
Senate	Primary	General			4 4									
President State: District:	Other (spe	ecify)		N	1emo Ite	em								
State: District:  Full Name (Last, First, Middle Initial)				+-										
C. EBERLE COMMUNICATIONS GR	OUP			Date	of Disb	ursen	nent							
<del> </del>				M		D   [		YYYY						
Mailing Address 1420 SPRING HILL ROAD SUITE	490			04	_	23		2018						
City	State	Zip Code		FFC	Identific	ation	Number							
MCLEAN Purpose of Disbursement	VA	22102-3028				4.1011	- Tumbor							
FUNDRAISING DIRECT MAIL DATA CENTER			· · ·			11 1	D : BABE	54044						
Candidate Name			Category					ent this Period						
Office Sought: House Disburse	mont Com		Type					3396.41						
Office Sought: House Disburse Senate	ment For: Primary	General				-	7	0000.41						
President	Other (spe				1emo Ite	am.								
State: District:				<u> </u>	.5.110 110	J111								
SUPTOTAL of Dishuranesets This David (authors)								4206.43						
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SCHEDULE B (FEC Form 3X)	FOR LINE	FOR LINE NUMBER: PAGE 33 OF 9								
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t		(check only one)							
	Detailed Summary Pa	ge 210 28a		26 27 29 30b						
Any information copied from such Reports and Stater	nents may not be sold o	or used by any pers	son for the purpose of	soliciting contributions						
or for commercial purposes, other than using the nan										
NAME OF COMMITTEE (In Full)										
$ \hspace{.05cm}  angle$ STARS AND STRIPES FOREVER	PAC									
Full Name (Last, First, Middle Initial)										
A. PARAMOUNT COMMUNICATION	S		Date of Disbursem	ent						
	UTE 444		M M / D D	/						
Mailing Address 525-K EAST MARKET STREET SI	UIIE 114		04 23	2018						
City	State Zip Code		FEC Identification	Number						
LEESBURG	VA 20176									
Purpose of Disbursement EMAIL DISTRIBUTION SERVICE			C							
Candidate Name		Catagony		D: B170C3031D! isbursement this Period						
		Category/ Type	Amount of Each D	isbursement this Fellou						
Office Sought: House Disburser	ment For:	'		408.44						
Senate  President	Primary Gener	al								
State: District:	Other (specify) ▼		Memo Item							
Full Name (Last, First, Middle Initial)										
<b>B.</b> INTERNATIONAL DATA MANAGE		Date of Disbursem	ent							
	·		04 23 2018							
Mailing Address 3200 WEST MARKET ST. SUITE	200 WEST MARKET ST. SUITE 302			2018						
,	State Zip Code		FEC Identification	Number						
AKRON Purpose of Disbursement	OH 44333									
DIRECT MAIL THANK YOU PRINTING			C							
Candidate Name		Category/	Transaction ID : BC0E2AD479  Amount of Each Disbursement this Period							
		Туре								
Office Sought: House Disburser			4	591.44						
Senate President	Primary Gener Other (specify)	aı								
State: District:	Canon (opcomy)		Memo Item							
Full Name (Last, First, Middle Initial)										
C. WASHINGTON INTELLIGENCE B	UREAU		Date of Disbursem							
Mailing Address 4128 PEPSI PLACE			04 / D D	2018						
,	State Zip Code VA 20151		FEC Identification	Number						
CHANTILLY Purpose of Disbursement	VA 20151		C							
DÖNATION PROCESSING, CAGING, BOOKKEEF	PING			D : B1A985D088						
Candidate Name		Category/		isbursement this Period						
Office Sought: House Disburser	ment For:	Type		3261.00						
Senate Disburser	Primary Gener	al		5201.00						
President	Other (specify) ▼		Memo Item							
State: District:			I Wellio Itelli							
				4260.00						
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER	PAC								
Full Name (Last, First, Middle Initial)  A. CAMPAIGN FUNDING DIRECT			Date of Disbursement						
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		04 23 2018						
,	State Zip Code VA 22102-3028		FEC Identification Number						
FUNDRAISING DIRECT MAIL EXPENSE  Candidate Name	l	Category/ Type	Transaction ID: BABF3DD7A  Amount of Each Disbursement this Period						
	nent For: Primary General Other (specify) ▼	Турс	2175.83 Memo Item						
State: District:			Memo item						
Full Name (Last, First, Middle Initial)  B. FIRST VIRGINIA COMMUNITY BA  Mailing Address 11325 RANDOM HILL ROAD	NK		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City FAIRFAX Purpose of Disbursement		FEC Identification Number							
BANK CHARGES  Candidate Name	[	Category/ Type	Transaction ID : B82A3D308C; Amount of Each Disbursement this Period						
	nent For: Primary General Other (specify)	Туре	623.13						
State: District:	Other (specify)		Memo Item						
Full Name (Last, First, Middle Initial)  C. SOUSA, JOHN, P, , IV			Date of Disbursement						
Mailing Address 11-C TALCOTT FOREST RD UNIT C			04 30 2018						
FARMINGTON	State Zip Code CT 06032		FEC Identification Number						
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			C Transaction ID : BCB4987249						
Candidate Name	Category/ Type	Amount of Each Disbursement this Period							
	nent For: Primary General Other (specify) ▼		3500.00 Memo Item						
State: District:			Wellio Itelli						
SUBTOTAL of Disbursements This Page (optional)		·····•	6298.96						
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SCHEDULE B (FEC Form 3X)			TOTT EINE NOWBETT.								F 93		
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or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)													
$ \; angle$ STARS AND STRIPES FOREVER	PAC												
Full Name (Leet First Middle Initial)													
Full Name (Last, First, Middle Initial)  A. ATKINSON, MAURICE, , ,					Date of	Disbu	rsem	ent					
THRIVOOIN, MITORIOL, , ,					M M / D D / Y Y Y Y								
Mailing Address 695 FRIAR TUCK LN					04	J L	30	J L	20	)18			
City	toto	Zin Codo											
,	GA State	Zip Code 31220			FEC Ide	entifica	tion	Numbe	r				
Purpose of Disbursement				_	С					П			
SOCIAL MEDIA CONSULTING						nsacti	on II	) : B51	75268	3262			
Candidate Name			Category	//	Amount	of Ea	ch D	isburse	ment	this P	eriod		
Office Sought: House Disbursem	nent For:		Туре							750.00	)		
	Primary	General					-			- 40			
	Other (specif	fy) ▼			Me	mo Iter	n						
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Full Name (Last, First, Middle Initial) <b>B.</b>					Date of	Diehu	ream	ont					
ь.			Date of Disbursement										
Mailing Address													
City	State	Zip Code			FEC Ide	entifica	tion	Numbe	r				
Purpose of Disbursement				_	С								
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Candidate Name	Category/ Type			//	Amount of Each Disbursement this Period								
Office Sought: House Disbursem	ent For												
	Primary	General					-	-	_				
President	Other (specif	fy)			Me	mo Iter	n						
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<b>o</b> .					M M		) I D		V V	Y	V		
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			L				-			_			
Candidate Name			Category	//	Amount of Each Disbursement this Period								
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	Other (speci	fy) ▼			Me	mo Iter	n						
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						-		-	_	750.0	0		
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Temple   Disbursement   Disbursem	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE							
Any information copied from such Reports and Statements may not be sold or used by any present on the purpose of seliciting 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 Pull)  STARS AND STRIPES FOREVER PAC  Full Name (Last, First, Middle Initial)  A. TYSON, GENEVA, , ,  Mailing Address 36 CAMBRIDGE CT  City  Chy  Cardidate Name  Cardidate Name  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  WEISENBURGER, DAVID, C, MR,  Mailing Address 1755 CHADWICK CT  City  Cardidate Name  Ca	ITEMIZED DISBURSEMENTS	for each category of the								
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NAME OF COMMITTEE (in Full)  STARS AND STRIPES FOREVER PAC  Full Name (Last, First, Middle Initial)  TYSON, GENEVA, , ,  Mailing Address 36 CAMBRIDGE CT  City CARUSLE PA 17013  Purpose of Disbursement REFUND Candidate Name  Office Sought: Full Name (Last, First, Middle Initial)  WEISENBURGER, DAVID, C, MR,  Mailing Address 1755 CHADWICK CT  City MOUNT PLEASANT State: Disbursement REFUND Candidate Name  Disbursement For: Senate Primary General Mind Address Anount of Each Disbursement General Primary General Mind Address Anount of Each Disbursement General Primary General Mind Address Anount of Each Disbursement General Primary Gen										
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**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING **ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE State Zip Code **ASTON** PΑ 19014-3201 Transaction ID: DD54416031CF4433088F Outstanding Balance Beginning This Period 244.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 244.23 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: D6559BDE95FDC440AB0C 1049.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1049.62 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: DA8156797FD4D47E8B14 273.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 273.24 1322.86 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)
STARS AND STRIPES FOREVER PAC

A. Full Name (Last, First, Middle Initial) of Debtor OMEGA LIST COMPANY	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D98A87E4F404B40388DF
273.24			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DBF7F8685DFCC4322AB7
273.24			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
C. Full Name (Last, First, Middle Initial) of Debtor ACTION MAILERS	r or Creditor		Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City	State	Zip Code	_
ASTON	PA	19014-3201	
Outstanding Balance Beginning This Period 244.23			Transaction ID : D26DA05EEE5CC4FA5B7E
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
0.00		244.23	0.00
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**Excluding Loans** 

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code **LANDOVER** MD 20785-4361 Transaction ID: DB3A9E4511F0D43FE9F0 Outstanding Balance Beginning This Period 244.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 244.30 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** 19014-3201 PΑ Outstanding Balance Beginning This Period Transaction ID: DA0FBCA46033F4EB4A1F 244.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 244.23 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** PΑ 19014-3201 Outstanding Balance Beginning This Period Transaction ID: D028535DA69314A7A905 4151.87 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4151.87 244.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL POSTAGE/MAILHOUSE VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: DBBAF873E56134D09B8A Outstanding Balance Beginning This Period 2070.68 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2070.68 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D65645BB8D01C44E4932 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 91.62 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: D2DD79692D30F4D23A3C 233.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 233.72 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D1806221455AE4B3B8D5 Outstanding Balance Beginning This Period 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 91.62 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D2444F67F4C7647879A5 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 233.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: D8BE6D1D177014E7AB95 233.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 233.72 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 42
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D67FF41EE6C674855BE6 Outstanding Balance Beginning This Period 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 91.62 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D76E2D6122FBA4BEB94E 91.62 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 91.62 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: DC4403AF503354A259EC 91.62 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 91.62 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 43
FOR LINE NUMBER: (check only one)

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43 OF

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: DC0D1925BD35D48D1BBD Outstanding Balance Beginning This Period 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 91.62 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D86B4480771384ACE93A 233.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 233.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: DC9FE662DFC7E4CCFA72 233.72 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 233.72 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 44
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44 OF

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: DC193719F1A2C4B7E9B9 Outstanding Balance Beginning This Period 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 91.62 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: DB9310EF9F2A249FBB9F 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 233.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: D52E1DCB1A8904F43889 91.62 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 91.62 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D1BE15C2E078A4649BBF Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 233.72 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D102E9DB4F6A14FE8885 233.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 233.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: D3446C5E6DDB54E7088F 91.62 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 91.62 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VA 24551-0809 Transaction ID: DE187654453AD494B859 Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 233.72 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: DD32E6020986844828A6 48.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 48.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DD9CCEE431C104437BD8 48.24 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 48.24

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3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7	Ξ	_	7	_	_	_	
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**Excluding Loans** 

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D071EE58BFB0C4A778E5 Outstanding Balance Beginning This Period 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 48.24 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DBB2E507B2DEB4D0A9A7 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 48.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DC2326436223B422D8F5 48.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 48.24 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D47B5A388D570404F91D Outstanding Balance Beginning This Period 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 48.24 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D27DDD3BE8A5248FEB16 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 48.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D25665D5799954CBE947 48.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 48.24 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 49
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D71FB991EA60C4AE4A52 Outstanding Balance Beginning This Period 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 48.24 0.000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DB3599CB6858D47F8AE3 152.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 152.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: DE3DE2357736D480DBE9 152.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 152.24 304.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 50 OF
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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code **LANDOVER** MD 20785-4361 Transaction ID: D653C0DAF988F40E7B5A Outstanding Balance Beginning This Period 50.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code LANDOVER 20785-4361 MD Outstanding Balance Beginning This Period Transaction ID: DB651DF4FC798463480F 50.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.22 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code **LANDOVER** MD 20785-4361 Outstanding Balance Beginning This Period Transaction ID: D37F7955FFDA045B7B36 50.22 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.22 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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**X** 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD 20785-4361 Transaction ID: D57D407725E0640A79DA Outstanding Balance Beginning This Period 50.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DA286D6ADDFA94DD991C 255.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 255.26 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: D884ACEC69EF040E6BED 152.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 152.24 152.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)
STARS AND STRIPES FOREVER PAC

A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY	DIRECT MAIL LIST RENTAL/EXCHANGE		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DA725793F4A0D4B5D8F7
152.24			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	152.24
B. Full Name (Last, First, Middle Initial) of Debtor ZIP MAILING SERVICES, INC.	or Creditor		Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	
LANDOVER	IVID	20703-4301	
Outstanding Balance Beginning This Period			Transaction ID : D78BA0FB075CE4C3BBC1
933.32			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		933.32	0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785-4361	
Outstanding Balance Beginning This Period			Transaction ID: D53EA9DF51A864C3DA28
50.22			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		50.22	0.00
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	152.24
TOTALS This Period (last page this line number			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page only)▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD20785-4361

Outstanding Balance Beginning This Period			Transaction ID : DE1118AAC1A25482AB25
50.22			
Amount Incurred This Period 0.00	Pay	yment This Period 50.22	Outstanding Balance at Close of This Period 0.00
B. Full Name (Last, First, Middle Initial) of Debtor of OMEGA LIST COMPANY	or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 152.24			Transaction ID : D1866EFE07A48488E9C9
Amount Incurred This Period  0.00	<del></del>		
C. Full Name (Last, First, Middle Initial) of Debtor OMEGA LIST COMPANY	or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD			
SUITE 490			1
City	State	Zip Code	
City MCLEAN	State VA	Zip Code 22102	
MCLEAN  Outstanding Balance Beginning This Period  152.24	VA	22102	Transaction ID : DD75B34F6EA7F48CBB5E
MCLEAN  Outstanding Balance Beginning This Period	VA		Transaction ID : DD75B34F6EA7F48CBB5E  Outstanding Balance at Close of This Period  152.24
Outstanding Balance Beginning This Period 152.24  Amount Incurred This Period	VA Pay	yment This Period  0.00	Outstanding Balance at Close of This Period
MCLEAN  Outstanding Balance Beginning This Period  152.24  Amount Incurred This Period  0.00	Pay	yment This Period  0.00	Outstanding Balance at Close of This Period

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)
STARS AND STRIPES FOREVER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ZIP MAILING SERVICES, INC.

Nature of Debt (Purpose):
DIRECT MAIL MAILSHOP

ZIP MAILING SERVICES, INC.	DIRECT MAIL MAILSHÓP		
Mailing Address 6304 SHERIFF RD. STE Z			-
City	State	Zip Code	
LANDOVER	MD	20785-4361	
Outstanding Balance Beginning This Period			Transaction ID: D7DEB1FC3A6624A2B947
50.22			
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period
0.00	T	50.22	0.00
B. Full Name (Last, First, Middle Initial) of Debtor ZIP MAILING SERVICES, INC.	Nature of Debt (Purpose): DIRECT MAIL MAILSHOP		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785-4361	
Outstanding Balance Beginning This Period 50.22			Transaction ID: D55A2DF0CD7ED408081B
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period
0.00	<del>-</del>	50.22	0.00
C. Full Name (Last, First, Middle Initial) of Debto OMEGA LIST COMPANY	r or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D0EA0DD9F7B6044CFB67
152.24			
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period
0.00	- T	0.00	152.24
SUBTOTALS This Period This Page (optional)			152.24

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD 20785-4361 Transaction ID: D59C32F80DAB241A38B1 Outstanding Balance Beginning This Period 50.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DB633ED2A78024064B6A 152.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 152.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: D2226CE03060D47C3BDB 152.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 152.24 304.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)
STARS AND STRIPES FOREVER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): BILLBOARD ADVERTISEMENT PLACEMENT		
Mailing Address 1121 S. BOYLE AVE.			
City	State	Zip Code	
LOS ANGELES	CA	90023-2150	
Outstanding Balance Beginning This Period			Transaction ID: D654CB84F1E474BF88B4
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
3580.00		0.00	3580.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Mailing Address			
		170	
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
		4	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			I
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
7 7		7	
SUBTOTALS This Period This Page (optional)			3580.00
TOTALS This Period (last page this line number only)			7063.80
TOTAL OUTSTANDING LOANS from Schedule	0.00		
ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	7063.80

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M " M / D " D / Y " Y " Y " Y
The report of th	New Tep	ort America repe	or med on	
Full Name of Payee SAVANNA COMMUNICATIONS		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 755 SONNE DRIVE			Amo	
City	State	Zip Code	-	6590.00
ANNAPOLIS	MD	21401-7120		saction ID : E80F9A53C0710451DA45 of Disbursement or Obligation
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUC	TION	Category/ Type		M M / D D / Y Y Y Y Y O A 2018
Name of Federal Candidate:		Support	Office Soug	ght: House District:
DONNELLY, JOSEPH, S, ,		X Oppose	Presi	dent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	34487.26	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
ACTION MAILERS		Weine	item = site	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 90 COMMERCE DRIVE			Amo	
Cih	Ctoto	Zin Codo		828.80
ASTON City	State	Zip Code 19014-3201		nsaction ID : E1823E0B9FEB54619854 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE		Category/ Type		M M 04
Name of Federal Candidate:		Support	Office Soug	ght: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Presi	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	17764.56	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				7418.80
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	<i>led]</i> Date	e 05	20 2018
Signature			- ""	

IEI	MIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 93 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ST	FARS AND STRIPES FOREVER PA	AC			C C00635243
Che	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	ACTION MAÎLERS				04 / 04 / 2018
	Mailing Address 90 COMMERCE DRIVE				Amount
-	City	State	Zip Code		7462.00
	ASTON	PA	19014-3201		Transaction ID : E7B878E9B87574CD2BDE Date of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE		Category/ Type		04 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate:		Support	Office	Sought: K House District: 43
	WATERS, MAXINE, , ,		<b>x</b> Oppose		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	7	38129.54	Disbu 2018	rsement For: Primary   General  Other (specify) ▶
	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	SAVANNA COMMUNICATIONS				04
	Mailing Address 755 SONNE DRIVE				Amount
-	City.	Ctoto	Zin Codo		2880.00
	City ANNAPOLIS	State MD	Zip Code 21401-7120		Transaction ID : E68E76487A12B4003B6A Date of Disbursement or Obligation
	Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODU	CTION	Category/ Type		04 / 04 / 2018
	Name of Federal Candidate:		Support	Office	Sought: House District:
	BALDWIN, TAMMY, , ,		<b>x</b> Oppose		President State: WI
	Calendar Year-To-Date Per Election for Office Sought	7	17764.56	Disbu 2018	rsement For: Primary <b>X</b> General  Other (specify) ▶
(;	a) SUBTOTAL of Itemized Independent Expenditures				10342.00
,	,,				
(I	b) SUBTOTAL of Unitemized Independent Expenditu	res			
(0	c) TOTAL Independent Expenditures			. •	
W	Inder penalty of perjury I certify that the independential, or at the request or suggestion of, any candidative committee) any political party committee or its	ate or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically Fil	<i>led]</i> Date	e 0	5 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			, J	

ITEMIZED INDEPENDENT EXPENDITURES	•			PAGE 59 OF 93
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P.	AC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
ACTION MAÎLERS				04 / 04 / 2018
Mailing Address 90 COMMERCE DRIVE			An	nount
City	State	Zip Code		725.20
ASTON	PA	19014-3201		ansaction ID : E5E59D4FD504E47CDB6F ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE		Category/ Type		04 / 04 / 2018
Name of Federal Candidate:		Support	Office Sc	ought: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Pre	esident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	3827.28	Disburser 2018	ment For:  Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
ACTION MAILERS				04
Mailing Address 90 COMMERCE DRIVE				
			An	nount
City	State	Zip Code		518.00
ASTON	PA	19014-3201		ransaction ID: E769C20EEEAEC491F9A0 ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE		Category/ Type		M 04 / D 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: House District:
KAINE, TIMOTHY, MICHAEL, ,		<b>x</b> Oppose	Pre	esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		4996.19	Disbursei	ment For: Primary Seneral
Fer Liection for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	1243.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	<sub>L</sub> экси описану F н	Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee ACTION MAILERS		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				04
90 COMMERCE DRIVE			,	Amount
City	State	Zip Code		1066.00
ASTON	PA	19014-3201		Transaction ID : E0AABD7015212407296C Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE		Category/ Type		04 04 7 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		X Oppose	l	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7	34487.26	Disburs 2018	sement For:  Primary
Full Name of Payee		<b>∡</b> Memo	Item	Date of Public Distribution/Dissemination
LAMAR				04 16 2018
Mailing Address 1121 S. BOYLE AVE.				Amount
City	State	Zip Code		3580.00
LOS ANGELES	CA	90023-2150		Transaction ID : EAEAECAE5DDCA4E3E89 Date of Disbursement or Obligation
Purpose of Expenditure BILLBOARD ADVERTISEMENT PLACEMENT		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought:  House District: 43
WATERS, MAXINE, , ,		X Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	41709.54	Disburs 2018	sement For: Primary   General  Other (specify) ▶
				care: (epocary)
(a) SUBTOTAL of Itemized Independent Expenditures	;			1066.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led]	M	20 / 2018
Signature		Date	e 05	20 2010

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	√C			
				C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee VALTIM		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address B.O. BOY 200				04 20 / 2018
P.O. BOX 809			Amo	unt
1095 VENTURE DR	04-4-	7:- 0-1-		157.47
City	State	Zip Code	Tran	157.47 asaction ID : E86D336E9F2654994881
FOREST	VA	24551-0809		of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	aht: House District: 43
WATERS, MAXINE, , ,		X Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	7	41867.01	Disburseme 2018	ent For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				04 20 2010
1095 VENTURE DR			Amo	unt
City	State	Zip Code		157.47
FOREST	VA	24551-0809	Trai	nsaction ID : E2A832281CD1042B48BC of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
CASEY, ROBERT P, JR, ,		<b>x</b> Oppose	Presi	dent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	3259.55	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				314.94
``			, ,	7
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led]	M M M	20 2018
Signature		Date	9 05	20 2010

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 62 OF 93
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	/C		FEC IDENTIFICATION NUMBER ▼
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on
Full Name of Payee VALTIM		☐ Memo I	M M / D D / Y Y Y Y
Mailing Address P.O. BOX 809			04 20 2018
1095 VENTURE DR			Amount
City	State	Zip Code	157.47
FOREST	VA	24551-0809	Transaction ID : E830FABA988714A2F8C6 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
BROWN, SHERROD, , ,		x Oppose	President State: OH
Calendar Year-To-Date Per Election for Office Sought	7	3259.55	Disbursement For: Primary   General  Other (specify) ▶
Full Name of Payee VALTIM		☐ Memo I	1
Mailing Address P.O. BOX 809 1095 VENTURE DR			Amount
City	State	Zip Code	314.93
FOREST	VA	24551-0809	Transaction ID : E80B208825D2842D88DA  Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE	-	Category/ Type	04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
STABENOW, DEBBIE, , ,		<b>x</b> Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	3417.01	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			472.40
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
SATTERFIELD, DAVID, , ,	Electronically File	[ed] Date	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 63 OF 93
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	/C		FEC IDENTIFICATION NUMBER ▼
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y
Full Name of Payee VALTIM		☐ Memo It	M M / D D / Y Y Y Y
Mailing Address P.O. BOX 809			04 20 2018
1095 VENTURE DR			Amount
City	State	Zip Code	314.93
FOREST	VA	24551-0809	Transaction ID: E8E72135D72234663900 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	04
Name of Federal Candidate:		Support	Office Sought: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	President X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	18079.49	Disbursement For: Primary   General  Other (specify) ▶
Full Name of Payee VALTIM		☐ Memo It	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809 1095 VENTURE DR			Amount
City	State	Zip Code	157.47
FOREST	VA	24551-0809	Transaction ID: E2438F8AE53264E749F8 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
MANCHIN III, JOE, , ,		<b>x</b> Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	7 1 7	157.47	Disbursement For: ☐ Primary <b>X</b> General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			► 472.40 ►
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized		
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

PAGE 64 OF 93 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee **VALTIM** 04 20 2018 Mailing Address P.O. BOX 809 Amount 1095 VENTURE DR City State Zip Code 787.34 24551-0809 Transaction ID: E408FC6DEA3064978AA5 **FOREST** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL EXPENSE 04 20 2018 Type Name of Federal Candidate: Support Office Sought: House District: MCCASKILL, CLAIRE, , , Oppose MO President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 4614.62 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item VALTIM 2018 20 04 Mailing Address P.O. BOX 809 Amount 1095 VENTURE DR City State Zip Code 314.93 **FOREST** Transaction ID: E89B5D9E0776B48D0A49 VA 24551-0809 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL EXPENSE** 20 2018 04 Type Name of Federal Candidate: Support Office Sought: House District: TESTER, JON, , , MT X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 3417.01 2018 Per Election for Office Sought Other (specify) ▶ 1102.27 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 05 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 65 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Ame	ount
1095 VENTURE DR		I =		
City	State	Zip Code 24551-0809	Tro	314.93 nsaction ID : E72E5B613D4E14D36BD5
FOREST	VA	24551-0609		e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 20 / Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Sou	ight: House District:
DONNELLY, JOSEPH, S, ,		Oppose	Pres	sident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		34802.19	Disbursem	
Edit Maria of Paris			. Dat	Other (specify)
Full Name of Payee VALTIM		∐ Memo	Item Dat	e of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				04 20 2010
1095 VENTURE DR			Am	ount
City	State	Zip Code		314.93
FOREST	VA	24551-0809		ansaction ID : E43427D3F8AF840BCAB5 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 20 / 2018
Name of Federal Candidate:		Support	Office Sou	ight: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Pres	sident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	3417.01	Disbursem 2018	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				629.86
42015554				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y Y 2018
Signature		Date	e 05	20 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	νC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee VALTIM		☐ Memo	Item	Date of Public Distribution/Dissemination
				04 20 7 2018
Mailing Address P.O. BOX 809				Amount
1095 VENTURE DR		T =		
	City State Zip Code			157.47
FOREST	VA 24551-0809			Transaction ID : EA6055A9A7B8A433FAEC Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose		President State: VA State:
Calendar Year-To-Date Per Election for Office Sought	, ,	5153.66	Disbu 2018	rsement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		<b>Transaction ID : E01F09E9FFBD249AD950</b> Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL M	ATERIALS	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		<b>x</b> Oppose		President Senate State: MT
Calendar Year-To-Date		423.80		rsement For: Primary General
Per Election for Office Sought	7 7	423.00	2018	➤ Other (specify) ➤ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures			. •	249.09
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	ed1 -	M	M / D D / Y Y Y Y Y
Signature		Date	e 0:	5 20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 67 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u>'</u>
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	N M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item [	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		A	Amount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		Transaction ID : E6969D6715EA64FEFAFE Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	Y FEE	Category/ Type		04 23 / 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		<b>x</b> Oppose		resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	423.80	2018	ement For: ☐ Primary ☐ General  X Other (specify) ▶ANNUAL
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
VALTIM				01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				I mount
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST  Purpose of Expenditure	VA	24551-0809		Transaction ID: E546CEEF9ADFB447A889 Date of Disbursement or Obligation
PMT FOR EST FROM 1/10/2018. DIRECT MAIL N	MATERIALS	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	P	resident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	A A	423.80	2019 -	ement For:
	,		L	Other (specify)  ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures				139.86
			- 7	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Date	e 05	20 2018
Signature		_ Dati	00	

PAGE 68 OF 93 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ZIP MAILING SERVICES, INC. 01 22 2018 Mailing Address 6304 SHERIFF RD. STE Z Amount Zip Code 50.22 City State 20785-4361 Transaction ID: EE52B720A70E1441BAF4 **LANDOVER** MD Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP 04 23 2018 Type Name of Federal Candidate: Support Office Sought: House District: BROWN, SHERROD, , , OH Oppose President **x** Senate State: Disbursement For: General Primary Calendar Year-To-Date 423.80 2018 Per Election for Office Sought **ANNUAL** Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item CAMPAIGN FUNDING DIRECT 2018 18 01 Mailing Address 1420 SPRING HILL ROAD, SUITE 490 Amount City State Zip Code 48.24 **MCLEAN** Transaction ID: EFE6C0A1E87D541FE9D4 VA 22102-3028 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE 23 2018 04 Type Name of Federal Candidate: Support Office Sought: House District: BROWN, SHERROD, , , OH X Oppose President **X** Senate State: Disbursement For: Primary General Calendar Year-To-Date 423.80 2018 Per Election for Office Sought **ANNUAL** X Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures ..... 98.46 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 05 20 2018 Date Signature

ITEMIZED INDEPENDENT EXPENDITURES	3			PAGE 69 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P	AC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amo	ount
1095 VENTURE DR				
City	State	Zip Code	L	233.72
FOREST	VA	24551-0809		nsaction ID : E0EB0FB2EE8564A5895C e of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL N	MAILSHOP	Category/ Type		M M / D D / Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Pres	ident Senate State: MO
Calendar Year-To-Date			Disbursem	ent For: Primary General
Per Election for Office Sought	7-1-1-7-	423.80	2018	Other (specify)  ANNUAL
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUIT	F 490			01 10 2010
	00		Amo	ount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		insaction ID: E249810828DFF4B1CAA6 of Disbursement or Obligation
Purpose of Expenditure	101/ 555	Category/	Date	M = M / D = D / Y = Y = Y
PMT FOR EST FROM 1/18/2018. ONLINE AGEN	ICY FEE	Туре		04 23 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose	Pres	ident Senate State: VA
Calendar Year-To-Date		668.03	Disbursem	ent For: Primary General
Per Election for Office Sought	7 7	008.03	2018	Other (specify)  ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditure	s		· •	281.96
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		•
SATTERFIELD, DAVID, , ,	[Floetronically E2]	led1	M = M	/ D D / Y Y Y Y Y
Signature	[Electronically Fil	<u>gear</u> Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 70 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
				C C00033243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address P.O. BOX 809				mount
1095 VENTURE DR			Al	nount
City	State	Zip Code		233.72
FOREST	VA	24551-0809		ransaction ID: E76941205A3FA49379DD ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MA	AILSHOP	Category/ Type		04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
CASEY, ROBERT P, JR, ,		× Oppose	Pre	esident Senate State: PA
Calendar Year-To-Date		422.00	1	ment For: Primary General
Per Election for Office Sought	7-1-1-7-	423.80	2018	Other (specify) ▶ANNUAL
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			
			Ar	mount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		ransaction ID : ED771C0312D1D4C669DC ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	CY FEE	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office Sc	ought: House District:
TESTER, JON, , ,		x Oppose		esident X Senate State: MT
Calendar Year-To-Date			Disburse	ment For: Primary General
Per Election for Office Sought	1 1	423.80	2018	Other (specify) ANNUAL
·			•	
(a) SUBTOTAL of Itemized Independent Expenditures	·			281.96
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			· • _	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed1	M = M	/ D D / Y Y Y Y
Signature	Гистонициу Г и	_ Date	e 05	20 2018

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 71 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	vC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
ACTION MAÎLERS				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 90 COMMERCE DRIVE			Am	punt
City	State	Zip Code	ΗГ	244.23
ASTON	PA	19014-3201		nsaction ID : E110BD63EE67C4EB1B9B e of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PI	RINTING	Category/ Type	Dat	04 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	aght: House District:
DONNELLY, JOSEPH, S, ,		X Oppose		sident X Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 7	1601.35	Disbursem 2018	ent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR			Am	ount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		e of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL M	ATERIALS	Category/ Type		04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KAINE, TIMOTHY, MICHAEL, ,		<b>x</b> Oppose	Pres	sident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7	668.03	Disbursem 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures				335.85
			_ =	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized	•		
SATTERFIELD, DAVID, , ,	Electronically Fil	ed1 -	M M M	/ D D / Y Y Y Y Y Y 2018
Signature		Date	9 05	20 2018

TEMIZED INDEFENDENT EXPENDITORES				PAGE 72 OF 93
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	4C			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y
Mailing Address P.O. BOX 809				01 10 2018 Amount
1095 VENTURE DR				anount
City	State	Zip Code		233.72
FOREST	VA 24551-0809			<b>Fransaction ID : E9C1844AD80A54552BD6</b> Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MA	AILSHOP	Category/ Type		04 23 7 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
STABENOW, DEBBIE, , ,		X Oppose		resident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	423.80	2019 -	ement For: ☐ Primary ☐ General  X Other (specify) ►ANNUAL
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				01 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z				
			1	Amount
City	State	Zip Code		50.22
LANDOVER	MD	20785-4361		Transaction ID : EE6A6E2FB60D4453BAC: Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP				04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type		01 20 20:0
Name of Federal Candidate:		Support	Office S	Sought: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	P	resident Senate State: WI
Calendar Year-To-Date		668.03	2019 -	ement For: Primary General
Per Election for Office Sought	7		2010	➤ Other (specify) ➤ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	283.94
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures				
				7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1 –	M	/ D D / Y Y Y Y
Signature		Date	e 05	20 2018

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 73 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	vC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				12 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amo	unt
1095 VENTURE DR	01.1	T 0 1		0070.00
City	State	Zip Code 24551-0809	Tron	2070.68 saction ID : EB5A9DC80B8994F2E962
FOREST	VA	24551-0609		of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 12/8/2017. DIRECT MAIL POSTAGE/MAILHOUSE		Category/ Type		04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: K House District: 43
WATERS, MAXINE, , ,		<b>x</b> Oppose	Presid	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	43937.69	Disburseme	ent For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT			[	01 22 / 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amo	unt
City	State	Zip Code		255.26
MCLEAN	VA	22102-3028		nsaction ID : EDE80AFD22BB043F18B3 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL E.	XPENSE	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Presid	dent Senate State: ND
Calendar Year-To-Date		2893.43	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	2325.94
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		• •
SATTERFIELD, DAVID, , ,	Electronically File	ed] .	M M /	20 2018
Signature		Date	9 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 74 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo	Item	Date of Public Distribution/Dissemination
				01 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			Amount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		Transaction ID : E8CA9FEBC27344DA7AEI Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL CREATIVE	Ξ	Category/ Type		04 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		Oppose		President State: IN
Calendar Year-To-Date Per Election for Office Sought		1601.35	Disbu 2018	rsement For: Primary General
Tel Election for Office Sought	1 1			➤ Other (specify) ➤ANNUAL
Full Name of Payee VALTIM		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				01 10 2018
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		Transaction ID: E326CFF407B954B48B09 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL N	IATERIALS	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		<b>x</b> Oppose		President State: OH
Calendar Year-To-Date Per Election for Office Sought	7	423.80	Disbu 2018	rsement For:
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	139.86
4) 010				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	· · · · · · · · · · · · · · · · · · ·	Date	e 0:	2010

PAGE 75 OF 93 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee **VALTIM** 01 10 2018 Mailing Address P.O. BOX 809 Amount 1095 VENTURE DR Zip Code 91.62 City State 24551-0809 Transaction ID: EE2E98031F3404CC09E3 **FOREST** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS 04 23 2018 Type Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI Oppose President **x** Senate State: Disbursement For: General Primary Calendar Year-To-Date 668.03 2018 Per Election for Office Sought **ANNUAL** Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item ZIP MAILING SERVICES, INC. 2018 22 01 Mailing Address 6304 SHERIFF RD. STE Z Amount City State Zip Code 50.22 LANDOVER Transaction ID: E0C1DFACE4EC3448EA84 MD 20785-4361 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP 23 2018 04 Type Name of Federal Candidate: Support Office Sought: House District: CASEY, ROBERT P, JR, , PΑ X Oppose President **X** Senate State: Disbursement For: Primary General Calendar Year-To-Date 423.80 2018 Per Election for Office Sought **ANNUAL** X Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures ..... 141.84 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 05 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 76 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amo	unt
1095 VENTURE DR	04-4-	7:- 01-		000.70
City	State	Zip Code 24551-0809	Tron	233.72 saction ID : E8313122CD1914B73B8D
FOREST	VA	24551-0609		of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MA	ILSHOP	Category/ Type		04 / 23 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	Presid	dent State: VA
Calendar Year-To-Date Per Election for Office Sought	, , ,	668.03	Disburseme 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			A	
1095 VENTURE DR			Amo	unt
City	State	Zip Code		233.72
FOREST	VA	24551-0809		nsaction ID : E6C7B036258C248929CD of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL M	AILSHOP	Category/ Type		M 04 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TESTER, JON, , ,		<b>x</b> Oppose	Presid	dent Senate State: MT
Calendar Year-To-Date		423.80	Disburseme	
Per Election for Office Sought	7 7	12000	2018	Other (specify) ►ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures			· [	467.44
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	ed]	M = M /	20 / Y Y Y Y Y
Signature		Date	9 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 77 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo	Item C	Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z				01 22 2018
				mount
City	State	Zip Code		50.22
LANDOVER	MD	20785-4361		<b>Transaction ID: E4F5CB2A5710E4B529E2</b> Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MA	AILSHOP	Category/ Type		04 23 7 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
TESTER, JON, , ,		X Oppose	Р	resident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		423.80	2018	ement For: Primary General
Tot Election for Office Godgitt	7 7			➤ Other (specify) ➤ANNUAL
Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo	Item C	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			01 18 2018 Amount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		Transaction ID : E65BD4E451A6547B69D9 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	CY FEE	Category/ Type		04 23 / 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	P	resident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	668.03	2019	ement For: Primary General  X Other (specify) ► ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures				98.46
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y Y
Signature	ъссионишну I <sup>,</sup> п	Date Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 78 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P.	AC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
ACTION MAÎLERS				11 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 90 COMMERCE DRIVE			Am	ount
City	State	Zip Code	— Г	4151.87
ASTON	PA	19014-3201		insaction ID : EEC4AE763CABD44AB8File of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL I	PRINTING	Category/ Type		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ught: 🗶 House District:43
WATERS, MAXINE, , ,		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		4151.87	Disbursem 2018	ANNULAL
	1			Other (specify)
Full Name of Payee VALTIM		∐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address D.O. DOY 200				01 10 2018
P.O. BOX 809			Am	ount
City	State	Zip Code	— F	91.62
FOREST	VA	24551-0809		ansaction ID : E08076C8735534A2BBB4 e of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL I	MATERIALS	Category/ Type		04 23 7 2018
Name of Federal Candidate:		Support	Office Sou	ught: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Pres	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		423.80	Disbursem	ANIMITAL
Tel Election for emice cought	7		2010	Other (specify) ►ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			· _	4243.49
( <b>1</b> ) <b>22</b> 1 <b>2</b> 1 1 <b>2</b> 1 2 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	e 05	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>		3 33	

Signature

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES					PAGE 79	
NAME OF COMMITTEE (In Full)						24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC				DENTIFICAT	ION NUMBER ▼
				C	C00635243	3
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M	/ D D /	Y
Full Name of Payee VAI TIM						/Dissemination
				01 M	10 10 /	2018
Mailing Address P.O. BOX 809			Am	ount		
1095 VENTURE DR		1				
City	State	Zip Code	<u> </u>		1	91.62
FOREST	VA	24551-0809			ursement or	311766644F385B Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL PR	RINTING	Category/ Type		04 04	23	2018
Name of Federal Candidate:		Support	Office Sou	ıght:	House	District:
DONNELLY, JOSEPH, S, ,		x Oppose	Pres	sident	<b>x</b> Senate	State:IN
Calendar Year-To-Date			Disbursem	ent For:	Primar	y General
Per Election for Office Sought		1601.35	2018	Other (s	specify) ►	ANNUAL
Full Name of Payee VALTIM		☐ Memo	Item Dat	e of Publ	ic Distribution	/Dissemination
Mailing Address D.O. POV 200				01	10	2018
P.O. BOX 609			Am	ount		
1095 VENTURE DR City	State	Zip Code	— г			233.72
FOREST	VA	24551-0809	<b>I</b>	ansaction	ID: EDDA0	BEF23A95420E903
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL N	MAILSHOP	Category/ Type		04	23	2018
Name of Federal Candidate:		Support	Office Sou	ıght:	House	District:
BROWN, SHERROD, , ,		X Oppose		sident	<b>✗</b> Senate	State: OH
Calendar Year-To-Date Per Election for Office Sought		423.80	Disbursem		Primar	y General ANNUAL
	7			Other (s	specify)	711110712
(a) CURTOTAL of Hamizad Indonendant Evranditures						225.24
(a) SUBTOTAL of Itemized Independent Expenditures			•			325.34
(b) SUBTOTAL of Unitemized Independent Expenditu	res					
				,		
(c) TOTAL Independent Expenditures			• •			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
SATTERFIELD, DAVID, , ,	[Electronically Fi	led]	M M	/ 20	20	18
Cignoturo		Date	e 05	20		10

Signature

### SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 80 OF 93
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	\ C			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC.			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z				01 22 2018 Amount
		1		
City	State	Zip Code		50.22
LANDOVER	MD	20785-4361		<b>Transaction ID : EC0BCE5832E864F17888</b> Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL M/	AILSHOP	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	668.03	Disbu 2018	rsement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		Transaction ID : EF0FB55E13F8A47B4953 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL N	MATERIALS	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		<b>x</b> Oppose		President State: MI
Calendar Year-To-Date Per Election for Office Sought	7	423.80	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	141.84
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures				
.,				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 81 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	Am	ount		
City	State	Zip Code	— г	48.24
MCLEAN	VA	22102-3028		ansaction ID : E98CE46E101474914996 te of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	Y FEE	Category/ Type		04 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
MCCASKILL, CLAIRE, , ,		× Oppose	Pre	sident X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		423.80	Disbursen	ANINITAL
	7 7		<u>x</u>	Other (specify)
Full Name of Payee ZIP MAILING SERVICES, INC.		∐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z				01 22 2018
0304 SHERIFF RD. STE Z			Am	ount
City	State	Zip Code		50.22
LANDOVER	MD	20785-4361		ansaction ID: E98A56288AE6344CA9D9 te of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL N	MAILSHOP	Category/ Type		04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Pre	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		423.80	Disbursen 2018	ANIMIAI
	,			Other (specify)  ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures			. $\sqsubset$	98.46
(a) SOBTOTAL of Remized independent Experialities	'			30.40
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed1 –	M = M	/ D D / Y Y Y Y Y
Signature	T	Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 82 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
				O States I
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
VALTIM				01
Mailing Address P.O. BOX 809			Ar	nount
1095 VENTURE DR		l =	— г	
City	State	Zip Code	ΙL	233.72
FOREST	VA	24551-0809		ransaction ID : ED7E52ED36C3249BFB0B ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MA	AILSHOP	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office Sc	ought: House District:
BALDWIN, TAMMY, , ,		x Oppose	Pre	esident X Senate State: WI
Calendar Year-To-Date				ment For: Primary General
Per Election for Office Sought	7	668.03	2018	Other (specify) ▶ANNUAL
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
ACTION MAILERS				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 90 COMMERCE DRIVE				
oo oommerkee sixive			Ar	nount
City	State	Zip Code		244.23
ASTON	PA	19014-3201		ransaction ID : EF7E51E456BB04548926 ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL	PRINTING	Category/ Type		04 23 2018
		3,64		
Name of Federal Candidate:		Support	Office Sc	•
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Pre	esident Senate State: WI
Calendar Year-To-Date		668.03		ment For: Primary General
Per Election for Office Sought	7 7		2018	Other (specify) ▶ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	477.95
(b) SUBTOTAL of Unitemized Independent Expenditu	es		. •	
(a) TOTAL landers and set Famous library				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed1	M = M	/ DID / YIYIY
Signature	zaca omany F ll	_ Date	9 05	20 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	\C			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.	Item	Date of Public Distribution/Dissemination		
Mailian Address				01 22 7 2018
6304 SHERIFF RD. STE Z				Amount
City	State	Zip Code		933.32
LANDOVER	MD	20785-4361		Transaction ID : EC6481A3FAE844CB8B0B Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL PR	INTING	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		X Oppose		President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7	1601.35	Disbu 2018	rsement For: Primary General  ✓ Other (specify) ► ANNUAL
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR				Amount
City	State	Zip Code		233.72
FOREST	VA	24551-0809		Transaction ID : EBC63F18C29E8405B9FE Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL M	IAILSHOP	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
HEITKAMP, HEIDI, , ,		X Oppose		President State: ND State: ND
Calendar Year-To-Date Per Election for Office Sought		423.80	Disbu 2018	rsement For: Primary General
7 67 2.00000 10.7 0.0000 00003.11	7			★ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1167.04
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed]	M	5 20 2018
Signature		Date	e 0	, 20 2010

PAGE 84 OF 93 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ZIP MAILING SERVICES, INC. 01 22 2018 Mailing Address 6304 SHERIFF RD. STE Z Amount Zip Code 50.22 City State 20785-4361 Transaction ID: EE88FF0674C8F4503BEB **LANDOVER** MD Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP 04 23 2018 Type Name of Federal Candidate: Support Office Sought: House District: STABENOW, DEBBIE, , , ΜI Oppose President **x** Senate State: Disbursement For: Primary General Calendar Year-To-Date 423.80 2018 Per Election for Office Sought **ANNUAL** Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item ZIP MAILING SERVICES, INC. 2018 22 01 Mailing Address 6304 SHERIFF RD. STE Z Amount City State Zip Code 50.22 Transaction ID: ED82702F6721B4BAA835 LANDOVER MD 20785-4361 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/22/2018. DIRECT MAIL PRINTING 23 2018 04 Type Name of Federal Candidate: Support Office Sought: House District: DONNELLY, JOSEPH, S,, IN X Oppose President **X** Senate State: Disbursement For: Primary General Calendar Year-To-Date 1601.35 2018 Per Election for Office Sought **ANNUAL** X Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures ..... 100.44 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 05 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 85 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
				C 00003243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			An	nount
1095 VENTURE DR		1		
City	State	Zip Code	<u> </u>	91.62
FOREST	VA	24551-0809		ransaction ID: E4AB90AB258A1462380D ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MA	ATERIALS	Category/ Type		04 / 23 / 2018
Name of Federal Candidate:		Support	Office Sc	ought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Pre	esident X Senate State: PA
Calendar Year-To-Date		100.00		ment For: Primary General
Per Election for Office Sought	7 7	423.80	2018	Other (specify) ▶ANNUAL
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
ACTION MAILERS				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 90 COMMERCE DRIVE				
33 33			An	nount
City	State	Zip Code		244.23
ASTON	PA	19014-3201		ransaction ID: E488DFB99988749C6AFC ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL	PRINTING	Category/ Type		04 / 23 / Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: House District:
KAINE, TIMOTHY, MICHAEL, ,		<b>✗</b> Oppose		esident Senate State: VA
Calendar Year-To-Date		200.00	Disburse	ment For: Primary General
Per Election for Office Sought	7-1-1-5-	668.03	2018	Other (specify) ►ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures	;			335.85
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • _	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed1	M = M	/ DID / YIYIY
Signature	Гиси описину I Ш	_ Date	9 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 86 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amo	unt
1095 VENTURE DR	Ctata	Zin Codo		233.72
City FOREST	State VA	Zip Code 24551-0809		saction ID : E391D986D59824369815
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL PR	RINTING	Category/ Type	Date	of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soud	aht: House District:
DONNELLY, JOSEPH, S, ,		▼ Oppose	Presi	INI
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought	, , ,	1601.35	2018	Other (specify)   ANNUAL
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amo	unt
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		nsaction ID : E115B4E2565C4498E845 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	CY FEE	Category/ Type		04 23 7 2018
Name of Federal Candidate:		Support	Office Soug	ght: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Presi	dent Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 1 7	423.80	Disburseme 2018	ent For:
(a) CUDTOTAL of the primed by deep and set Ferranditions				204.00
(a) SUBTOTAL of Itemized Independent Expenditures			•	281.96
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led1	M = M	D D / Y Y Y Y Y
Signature	<u> гасы опиши</u> у Г и	Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 87 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.		_ Welle	item =	01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			A	mount
City	State	Zip Code	[	50.22
LANDOVER	MD	20785-4361		ransaction ID : ED9458FA1DC864CBF92C ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MA	AILSHOP	Category/ Type		04 23 / 2018
Name of Federal Candidate:		Support	Office S	ought: House District:
HEITKAMP, HEIDI, , ,		× Oppose	Pr	esident X Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		423.80	2018 -	ment For: Primary General  Other (appoint) ANNUAL
	1 1			Other (specify)
Full Name of Payee CAMPAIGN FUNDING DIRECT		∐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address		01 18 2018		
1420 SPRING HILL ROAD, SUITE	490		A	mount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028	<b>I</b>	ransaction ID: E7C87C5F037A1420AAD4 ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENC	CY FEE	Category/ Type		M 04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: House District:
STABENOW, DEBBIE, , ,		<b>x</b> Oppose	Pr	esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	423.80	2019 _	ment For: Primary General  Other (specify) ► ANNUAL
(a) SUBTOTAL of Itemized Independent Expenditures			[	98.46
(b) SUBTOTAL of Unitemized Independent Expenditu	es		· • _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	edl –	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 05	20 2018

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z			Ar	04 30 2018 mount
City	State	Zip Code	— г	789.00
City  LANDOVER	MD	20785-4361		ransaction ID : EB8199437A4EB481F998 ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 30 / Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose		esident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	3682.43	Disburse 2018	ment For:  Primary  General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			Ar	mount
City	State	Zip Code		394.50
LANDOVER	MD	20785-4361		ransaction ID : ED031E7D5CF52441E8EA ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
MANCHIN III, JOE, , ,		<b>x</b> Oppose	Pro	esident Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	1	551.97	Disburse 2018	ment For:  Primary
			Г	
(a) SUBTOTAL of Itemized Independent Expenditures			• •	1183.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		• •
SATTERFIELD, DAVID, , ,	[Electronically File	edl -	M = M	/ D D / Y Y Y Y Y
Signature		Date	9 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 89 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.		□ Memo	item   Bo	04 30 7 2018
Mailing Address 6304 SHERIFF RD. STE Z			An	nount
City	State	Zip Code	— Г	394.50
LANDOVER	MD	20785-4361		ansaction ID : E5D68FA07DE7142AB83E te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 30 / 2018
Name of Federal Candidate:		Support	Office So	ught: House District:
CASEY, ROBERT P, JR, ,		Oppose	Pre	esident 🗴 Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		3130.47	Disburser	1
E III Nove of Pour	1		D-	Other (specify)
Full Name of Payee ZIP MAILING SERVICES, INC.		∐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z		04 30 2018		
0304 GHERIT RD. GTE Z			An	nount
City	State	Zip Code		394.50
LANDOVER	MD	20785-4361		ransaction ID : EAB74FC26450942AF880 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 30 / 2018
Name of Federal Candidate:		Support	Office So	ught: House District:
KAINE, TIMOTHY, MICHAEL, ,		<b>x</b> Oppose	Pre	esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	, ,	5024.58	Disburser 2018	ment For: ☐ Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	789.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	9 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES			PAGE 90 OF 93
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA			
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.			04 30 / Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z	Amount		
City	State	Zip Code	394.50
LANDOVER	MD	20785-4361	Transaction ID : EC2F6918B4CC8434596B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
BROWN, SHERROD, , ,		<b>x</b> Oppose	President X Senate State: OH
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	, ,	3130.47	2018
Full Name of Payee	ltem Date of Public Distribution/Dissemination		
ZIP MAILING SERVICES, INC.			04 / 30 / Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			
			Amount
City	State	Zip Code	1972.50
LANDOVER	MD	20785-4361	Transaction ID : ED745CB5C54414EC0891  Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	04 / 30 / 2018
Name of Federal Candidate:		Support	Office Sought: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	President Senate State: MO
Calendar Year-To-Date		0000 54	Disbursement For: Primary
Per Election for Office Sought	7 7	6063.54	2018
•			
(a) SUBTOTAL of Itemized Independent Expenditures	\$		▶ 2367.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •
(c) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
SATTERFIELD, DAVID, , ,	[Electronically Fil	led]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05 20 2018

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 91 OF 93
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC		FEC IDENTIFICATION NUMBER ▼
	.0		C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z			04 30 2018
0304 SHERIFF RD. STE Z			Amount
City	State	Zip Code	789.00
LANDOVER	MD	20785-4361	Transaction ID: E6EED3FB3D0EF40BC982 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	04 30 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
STABENOW, DEBBIE, , ,		<b>✗</b> Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,		Disbursement For: Primary   ☐ General  ☐ Other (specify) ▶  ☐
Full Name of Payee		☐ Memo It	em Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			Amount
City	State	Zip Code	789.00
LANDOVER	MD	20785-4361	Transaction ID: E5757C4C63F834E0699E Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	04 30 7 2018
Name of Federal Candidate:		Support	Office Sought: House District:
BALDWIN, TAMMY, , ,		X Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	4004404	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			1578.00
(a) SOBTOTAL OF ROMESON MASSOCIATION Exponential Co			1013.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized		
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 92 OF 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	vC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			Am	ount
City	State	Zip Code		789.00
LANDOVER	MD	20785-4361		ansaction ID : E8842A9FF4941402AA03 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
TESTER, JON, , ,		X Oppose		sident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	3682.43	Disbursen 2018	nent For:  Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				04 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z				
			Am	ount
City	State	Zip Code		789.00
LANDOVER	MD	20785-4361		ansaction ID: ED33497D203A4469BB50 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE (ORIGINAL AMT EST)		Category/ Type		04 / 30 / 2018
Name of Federal Candidate:		Support	Office So	ught: House District:
DONNELLY, JOSEPH, S, ,		<b>x</b> Oppose	Pre	sident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		34134.29	Disbursen 2018	
Tot Election for Office Godgitt	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1578.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M = M	/ DDD / YDY YDY 2018
Signature		Date	e 05	20 2018

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 93 OF 93
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼ C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				M M / D D / Y Y Y Y 2018
Mailing Address 6304 SHERIFF RD. STE Z			A	mount
City	State	Zip Code		394.50
LANDOVER	MD	20785-4361		ransaction ID : EBACFE48685E14D3CBF/ ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		04 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: House District: 43
WATERS, MAXINE, , ,		x Oppose		resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	44332.19	Disburse 2018	ement For: Primary   General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address				
			A	mount
City	State	Zip Code	I.	
			D	ate of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: House District:
		Oppose	Pr	resident Senate State:
Calendar Year-To-Date			Disburse	ement For: Primary General
Per Election for Office Sought	7 7			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	\$		• [	394.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	43067.36
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature	[Eucuronicumy 1 ii	Date	e 05	20 2018