

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 STARS AND STRIPES FOREVER PAC

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00635243 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) [ ] May 20 (M5) [X] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE) [ ] (c) 12-Day PRE-Election Report for the: Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) [ ] Runoff (30R) [ ] Special (30S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2018 through 04 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. SATTERFIELD, DAVID, , , Type or Print Name of Treasurer

Signature of Treasurer SATTERFIELD, DAVID, , , [Electronically Filed] Date 05 / 20 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**STARS AND STRIPES FOREVER PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="48328.07"/>	<input type="text" value="48328.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147054.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="68764.67"/>	<input type="text" value="352064.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="215819.33"/>	<input type="text" value="400392.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75000.67"/>	<input type="text" value="259573.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="140818.66"/>	<input type="text" value="140818.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="7063.80"/>	

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**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36415.18	216482.36
(ii) Unitemized .....	24870.52	106520.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61285.70	323003.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	61285.70	323003.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7478.97	29061.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	68764.67	352064.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	68764.67	352064.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	31718.31	128675.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31718.31	128675.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	43067.36	130631.75
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	215.00	267.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	215.00	267.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75000.67	259573.76
32. 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 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61285.70	323003.35
34. Total Contribution Refunds (from Line 28(d)) .....	215.00	267.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61070.70	322736.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	31718.31	128675.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31718.31	128675.01

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SHEPHERD, BARRY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 60TH AVE SE

City ROCHESTER	State MN	Zip Code 55904
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IBM	Occupation (for Individual) ELECT ENG
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2018

**Transaction ID : AC2F7178AF1204521942**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. GRIFFIN, SANDRA, C, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2007 MARDEL CT

City HOUSTON	State TX	Zip Code 77077-4817
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : AF4514BA595FA4883A36**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. BUDD, BERTEL, O, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3695 DOVER RD  
1010 CENTENNIAL DR

City CHEYENNE	State WY	Zip Code 82001
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : A2BBC32456AB94CD0A14**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEISENBURGER, DAVID, C, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1755 CHADWICK CT

City MOUNT PLEASANT	State MI	Zip Code 48858-8263
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENERAL AGENCY COMPANY	Occupation (for Individual) INSURANCE AGT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : A201C93E4D53F4E2FBD0**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. KARCHER, EDWARD, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 496 E LAKE SHORE DR

City BARRINGTON	State IL	Zip Code 60010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : AA6F7E2B6084D49559FF**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. LARIVEE, PAUL, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 COMMERCIAL ST  
UNIT 306B

City CONCORD	State NH	Zip Code 03301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : A218F9C9D0ABC4BDBBA2**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ILSEN, ROLAND, R, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6847 ABBOTTSWOOD DR

City RANCHO PALOS VERDES	State CA	Zip Code 90275-3058
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : A079243643AF84A78B5E**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 23 HUNTER RD

City NEW CASTLE	State DE	Zip Code 19720
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : A70B93EFDA59540E1955**

Amount of Each Receipt this Period  
120.00

Memo Item

**C. ANDERSON, RICHARD, , JUDGE,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1396

City CAMP VERDE	State AZ	Zip Code 86322-1396
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : ACAE63BBF7C4A4D57B3C**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BANKS, ELIZABETH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1106 N HARVILLE RD  
 City DUNCAN State OK Zip Code 73533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : ADDD3F26A04424669AA8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. DHANSE, CATHERINE, A, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 DONNAN AVE APT E9  
 City WASHINGTON State PA Zip Code 15301-6558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINK CHERO & REHAB Occupation (for Individual) CHIRO ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : AE8C11A3B889647A29BE**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. BEACH, NED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 LORI DR  
 City BOONVILLE State MO Zip Code 65233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : A792D114CCB674975BE5**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. KING, HARVEY, C, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 AALAPAPA PL

City KAILUA	State HI	Zip Code 96734-3118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KING & NEEL, INC	Occupation (for Individual) INSUR BROKER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2018

**Transaction ID : A1E73866B8FD54967B8F**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. DOUGLASS, DONALD, J, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8961 LAKE DR  
APT 306

City CAPE CANAVERAL	State FL	Zip Code 32920-5507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2018

**Transaction ID : A32C4CD339DAB4FE48B9**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. SAND, GINNY, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22720 CAVALIER ST

City WOODLAND HILLS	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2018

**Transaction ID : A65796DD6DE0C46E6A9C**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BONWELL, MARYALICE, E, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1704 VILLAGE DR  
 City LYNDEN State WA Zip Code 98264-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : A3EA69CEDA2484FE0A90**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SHAW, JOHN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 W 720TH AVE  
 City FORT SCOTT State KS Zip Code 66701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : A50B5DDBA23574BBD9C1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. HARRIS, STUART, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SEMINOLE ST  
 City MIAMI State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S RESEARCH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : A667C4463CD264C0FAAD**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. REYNOLDS, MARY, S, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4200 GLENARM RD

City CRESTWOOD	State KY	Zip Code 40014-8976
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 05 / 2018

**Transaction ID : A8BB51181AB454C3AAEB**

Amount of Each Receipt this Period  
70.00

Memo Item

**B. PHILLIPS, GEORGE, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 COLLEGE PL  
APT 413

City NORFOLK	State VA	Zip Code 23510
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 05 / 2018

**Transaction ID : A5003E124A6C64BD69F1**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. COX, PHILIP, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4917 TENNESSEE AVE

City CHATTANOOGA	State TN	Zip Code 37409
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 05 / 2018

**Transaction ID : ABFBC90FEB7FE4AE490B**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FORSYTHE, GERALD, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 WILLIS AVE  
 City WHEELING State IL Zip Code 60090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INDECK ENERGY SERVICESINC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 06 / 2018  
**Transaction ID : A13C65F9C18A444D2993**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. SCOTT, DOROTHY, R, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5105 SEABREEZE WAY  
 City OXNARD State CA Zip Code 93035-1054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : A1698686A603F4F10AF6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. ROSEMA, CARL, E, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10934 PORTAGE RD  
 City PORTAGE State MI Zip Code 49002-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : A44DBE7A46B5F4F2CAA6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERRY, JAMES, O, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 91652

City MOBILE	State AL	Zip Code 36691-1652
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALABAMA STATE PORT AUTHOR	Occupation (for Individual) ACCOUNTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : AD2288BFDC9348C685D**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. LESLIE, WILLIAM, F, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 STARFLOWER DR

City GRIFFIN	State GA	Zip Code 30223-5799
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : A1FD595D92A01433084D**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. MUNN, ARNOLD, S, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9708 W HAWTHORNE ST

City CRYSTAL RIVER	State FL	Zip Code 34428-6111
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : A40A59F577EE74EA78DA**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. POSSIN, MARC, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6093 N 2200TH AVE  
 City GENESEO State IL Zip Code 61254-8834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN DEERE SHARED SERVICES INC Occupation (for Individual) TECHNOLOGY ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : AE4FFE731672F4690B97**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BRISCOE, FRANCIS, J, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6150 RUSTIC HILLS DR  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : ACA6941FCC1A84FAAAE1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. SARTORI, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15529 WILLOWBROOK AVE  
 City LAKE PLACID State FL Zip Code 33852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : A12A013CC245E44F9B9F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BURIANEK, BRUCE, L, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3010 QUINCANNON LN

City HOUSTON	State TX	Zip Code 77043-1201
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		11		2018

**Transaction ID : A08CCD844826C4A4B93B**

Amount of Each Receipt this Period  
260.00

Memo Item

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

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		11		2018

**Transaction ID : AB04A923A4F484073976**

Amount of Each Receipt this Period  
10000.00

Memo Item

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

Mailing Address 107 HILLTOP RD

City BLOOMINGTON	State IL	Zip Code 61701
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2018

**Transaction ID : AC5B79BE2C8B6463696C**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10295.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. GODWIN, JOE, R, CSM, RET**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 PARK AVE

City FOLEY	State AL	Zip Code 36535-1136
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2018

**Transaction ID : AC89228E5A38B44FAB25**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. BUCHHOLZ, MARGRETT, H, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7408 N 1122 PR NW

City PROSSER	State WA	Zip Code 99350
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2018

**Transaction ID : ABC51BD41629049A79D9**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. BECK, JOSEPH, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 HILDA HOLOW

City YORKTOWN	State VA	Zip Code 23693
------------------	-------------	-------------------

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

Name of Employer (for Individual) US ARMY TRANSPORT. SCHOOL	Occupation (for Individual) FEDERAL EMPLOYE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2018

**Transaction ID : A5C9362131A644DE29F7**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SWIGERT, HENRY, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 SW 20TH AVE  
 STE 104  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2018  
**Transaction ID : AE5A664CFE5FC44F1A00**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. PALMER, DONALD, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4704 CAMBRIDGE CT  
 City LAKE OSWEGO State OR Zip Code 97035-5386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2018  
**Transaction ID : AA71A09526092472C8BB**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WOLLRAB, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 HILLTOP RD  
 City BLOOMINGTON State IL Zip Code 61701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 15 / 2018  
**Transaction ID : A137B64F0AB4F4B6C9E0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ZIMMERMAN, LOIS, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6909 DR MARTIN LUTHER KING JR  
 APT 3

City SAINT PETERSBURG State FL Zip Code 33705

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 04 / 16 / 2018  
**Transaction ID : ADB7D0351CF1845EF902**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B. TUGGLE, KATHLEEN, R S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2095 HIGHWAY A1A

City INDIAN HARBOUR BEACH State FL Zip Code 32937

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 04 / 16 / 2018  
**Transaction ID : ADA8E7762CD1E4DC0ACE**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. ISLAM, ANGE, RAE, MISS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5584 STATE ROUTE 20A E

City WARSAW State NY Zip Code 14569-9302

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 04 / 16 / 2018  
**Transaction ID : A9EB1A4C099EB412988E**

Amount of Each Receipt this Period  
 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. EYESTONE, MAYNARD, M, DR., PHD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2803 E WINGER RD

City MEAD	State WA	Zip Code 99021
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2018

**Transaction ID : AF76854CCEFA0416A8B7**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. EPPLE, PAMELA, J, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12075 LEWIS RD

City BRANCHVILLE	State IN	Zip Code 47514-9022
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MARY KAY	Occupation (for Individual) SALES DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2018

**Transaction ID : A5AD7B763C4C043E6B00**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. BUESCHEL, HOWARD, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 UPPER FERRY RD

City TRENTON	State NJ	Zip Code 08628
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2018

**Transaction ID : A89796AC7741848D6976**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ALLEN, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1522 LAKE SHORE DR  
 City LONG BEACH State IN Zip Code 46360-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2018  
**Transaction ID : A7BC636498A814D33AC3**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. BERNHOFT, EDWARD, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3276 TOPAZ LN  
 City CAMERON PARK State CA Zip Code 95682-8514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 19 / 2018  
**Transaction ID : A25301ADE87C44308A40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. MULLINS, WILLIAM, S, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 TWIN OAKS PL  
 City LAUREL State MS Zip Code 39440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HORTMAN HARLOW LAW Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : A0777D7A5A76B469F96F**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BRITTON, LYNDA, R, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9913 LAKE SHORE BLVD  
 City CLEVELAND State OH Zip Code 44108-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 27000.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : A64BE9E9475484DC48D6**  
 Amount of Each Receipt this Period 13500.00  
 Memo Item

**B. WELLS, KEITHA, K, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.72

Date of Receipt 04 / 22 / 2018  
**Transaction ID : AB9DEECF168C94623BDC**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. SEMLER, SHIRLEY, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1053 CHAMBERS RD  
 City HORSEHEADS State NY Zip Code 14845-8948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CAREGIVER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : A23DBDF5551824BE1821**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13645.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SMITH, S, LEE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1154 HARVEST GLEN DR NW  
 City CLEVELAND State TN Zip Code 37312-6361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US POSTAL SERVICE Occupation (for Individual) CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : A76DD60131E764966BEE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BLOOMFIELD, JANET, A, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3878 MUSGROVE RD  
 City CHILLICOTHE State OH Zip Code 45601-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : A215BF01F1EBC4D3BB6E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. KRICK, DONALD, H, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 STONEY CREEK DR APT A  
 City DAUPHIN State PA Zip Code 17018-9649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : AC47F6D400A9E4FC8936**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DHANSE, CATHERINE, A, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 DONNAN AVE  
APT E9

City WASHINGTON State PA Zip Code 15301-6558

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

Name of Employer (for Individual) WINK CHERO & REHAB Occupation (for Individual) CHIRO ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : A2804FCCA328B4E2FA41**

Amount of Each Receipt this Period 35.00

Memo Item

**B. PORTER, HOWARD, F, MR, III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 392

City GASTON State NC Zip Code 27832-0392

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : A4ED883DC6479498C873**

Amount of Each Receipt this Period 50.00

Memo Item

**C. HUNTER, JAMES, S, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19330 BEAUFAIN ST

City CORNELIUS State NC Zip Code 28031-5531

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : A12DF655EDBF94145B4C**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. BROWN, HELEN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 W MAIN ST  
 City SILVER LAKE State IN Zip Code 46982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WARSAW COMMUNITY HIGH SCHOOL Occupation (for Individual) CASHIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : A94F7E9594E534BFD99**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. WELLS, KEITHA, K, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.72

Date of Receipt 04 / 30 / 2018  
**Transaction ID : AD66456FEEDDBB4D44869**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MUNN, ARNOLD, S, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9708 W HAWTHORNE ST  
 City CRYSTAL RIVER State FL Zip Code 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : A7D9A5B47E5A24D3DB4F**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARAGONI, JESSIE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4358 S DEL REY AVE

City DEL REY	State CA	Zip Code 93616-9705
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : A03D348FF1CE54E08A53**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. REMINGTON, JAMES, A, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2671 TRELIS GREEN CIR

City HENRICO	State VA	Zip Code 23233-6984
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : A6D5091CDF040475A884**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. REES, NORMAN, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2406 HIGH POINTE CT

City FAIRFIELD	State CA	Zip Code 94534
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : A1C7E19FC539444E8852**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	36415.18

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 93
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. OMEGA LIST COMPANY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28894.33

Date of Receipt  
04 / 11 / 2018  
**Transaction ID : A0F708379EED74E5481E**

Amount of Each Receipt this Period  
7478.97

Memo Item  
LIST RENTAL

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7478.97
<b>TOTAL</b> This Period (last page this line number only).....	7478.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD, SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL FULFILLMENT ITEMS

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2018

FEC Identification Number

C  
Transaction ID : B62AABBC9/  
Amount of Each Disbursement this Period  
3870.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PINKSTON GROUP**

Mailing Address 5270 SHAWNEE ROAD SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PUBLIC RELATIONS AND WEBSITE MAINTENANCE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2018

FEC Identification Number

C  
Transaction ID : B988C85C98/  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 2812 EMERYWOOD PARKWAY

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : B7E2DD3110  
Amount of Each Disbursement this Period  
50.29

Memo Item

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

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

4920.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ARISTOTLE INTERNATIONAL**

Full Name (Last, First, Middle Initial)

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement COMPLIANCE DATABASE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 09 / 2018

FEC Identification Number: C

Transaction ID : B9F92E515C!

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. SAVANNA COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21401-7120

Purpose of Disbursement GENERAL MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 09 / 2018

FEC Identification Number: C

Transaction ID : B241FFB304!

Amount of Each Disbursement this Period: 3500.00

Memo Item

**C. DESERT FOX STRATEGIC COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 5841 E CHARLESTON BLVD SUITE 230-226

City MT REAGAN State NV Zip Code 89142

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : B10126223D,

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SOUSA, JOHN, P, , IV**

Full Name (Last, First, Middle Initial)

Mailing Address 11-C TALCOTT FOREST RD  
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : B848FB45F4/  
Amount of Each Disbursement this Period: 3500.00

Memo Item

**B. ATKINSON, MAURICE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 695 FRIAR TUCK LN

City MACON State GA Zip Code 31220

Purpose of Disbursement SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : B08FFBBB48  
Amount of Each Disbursement this Period: 750.00

Memo Item

**C. SARACINO, WILLIAM, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3625 ANGELUS AVE

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : BE5A8E74Bc  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. VALTIM**

Mailing Address P.O. BOX 809  
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement  
FUNDRAISING DIRECT MAIL EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2018

FEC Identification Number

C  
Transaction ID : B6C413EB9D  
Amount of Each Disbursement this Period  
756.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 2812 EMERYWOOD PARKWAY

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C  
Transaction ID : BF61115AB8I  
Amount of Each Disbursement this Period  
53.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. EBERLE COMMUNICATIONS GROUP**

Mailing Address 1420 SPRING HILL ROAD SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FUNDRAISING DIRECT MAIL DATA CENTER

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : BABE54B44I  
Amount of Each Disbursement this Period  
3396.41

Memo Item

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

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

4206.43



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PARAMOUNT COMMUNICATIONS**

Mailing Address 525-K EAST MARKET STREET SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
EMAIL DISTRIBUTION SERVICE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : B170C3031D!  
Amount of Each Disbursement this Period  
408.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 3200 WEST MARKET ST. SUITE 302

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT MAIL THANK YOU PRINTING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : BC0E2AD479  
Amount of Each Disbursement this Period  
591.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
DONATION PROCESSING, CAGING, BOOKKEEPING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : B1A985D088  
Amount of Each Disbursement this Period  
3261.00

Memo Item

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

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

4260.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. CAMPAIGN FUNDING DIRECT**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD, SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FUNDRAISING DIRECT MAIL EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : BABF3DD7A  
Amount of Each Disbursement this Period  
2175.83

Memo Item

**B. FIRST VIRGINIA COMMUNITY BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 11325 RANDOM HILL ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
BANK CHARGES

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

FEC Identification Number

C  
Transaction ID : B82A3D308C  
Amount of Each Disbursement this Period  
623.13

Memo Item

**C. SOUSA, JOHN, P, , IV**

Full Name (Last, First, Middle Initial)

Mailing Address 11-C TALCOTT FOREST RD  
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

FEC Identification Number

C  
Transaction ID : BCB4987249  
Amount of Each Disbursement this Period  
3500.00

Memo Item

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

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

6298.96

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ATKINSON, MAURICE, , ,**

Mailing Address 695 FRIAR TUCK LN

City MACON State GA Zip Code 31220

Purpose of Disbursement SOCIAL MEDIA CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number: C

Transaction ID : B5175268262

Amount of Each Disbursement this Period: 750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31686.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. TYSON, GENEVA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 36 CAMBRIDGE CT

City CARLISLE State PA Zip Code 17013

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2018

FEC Identification Number: C

Transaction ID : **BB1BFFC782**

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. WEISENBURGER, DAVID, C, MR,**

Full Name (Last, First, Middle Initial)

Mailing Address 1755 CHADWICK CT

City MOUNT PLEASANT State MI Zip Code 48858-8263

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 09 / 2018

FEC Identification Number: C

Transaction ID : **B766EE552F5**

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. WEISENBURGER, DAVID, C, MR,**

Full Name (Last, First, Middle Initial)

Mailing Address 1755 CHADWICK CT

City MOUNT PLEASANT State MI Zip Code 48858-8263

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 09 / 2018

FEC Identification Number: C

Transaction ID : **B3566C0189**

Amount of Each Disbursement this Period: 100.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	215.00
<b>TOTAL</b> This Period (last page this line number only).....▶	215.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 244.23	Transaction ID : DD54416031CF4433088F	
Amount Incurred This Period 0.00	Payment This Period 244.23	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 1049.62	Transaction ID : D6559BDE95FDC440AB0C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1049.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 273.24	Transaction ID : DA8156797FD4D47E8B14	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 273.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1322.86
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 93
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="273.24"/>	Transaction ID : D98A87E4F404B40388DF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="273.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="273.24"/>	Transaction ID : DBF7F8685DFCC4322AB7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="273.24"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period <input type="text" value="244.23"/>	Transaction ID : D26DA05EEE5CC4FA5B7E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="244.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="546.48"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 93
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period 244.30	Transaction ID : DB3A9E4511F0D43FE9F0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 244.23	Transaction ID : DA0FBCA46033F4EB4A1F	
Amount Incurred This Period 0.00	Payment This Period 244.23	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 4151.87	Transaction ID : D028535DA69314A7A905	
Amount Incurred This Period 0.00	Payment This Period 4151.87	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	244.30
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL POSTAGE/MAILHOUSE
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="2070.68"/>	<b>Transaction ID : DBBAF873E56134D09B8A</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2070.68"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="91.62"/>	<b>Transaction ID : D65645BB8D01C44E4932</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="91.62"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D2DD79692D30F4D23A3C</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="91.62"/>	<b>Transaction ID : D1806221455AE4B3B8D5</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="91.62"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D2444F67F4C7647879A5</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D8BE6D1D177014E7AB95</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D67FF41EE6C674855BE6	
Amount Incurred This Period 0.00	Payment This Period 91.62	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D76E2D6122FBA4BEB94E	
Amount Incurred This Period 0.00	Payment This Period 91.62	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : DC4403AF503354A259EC	
Amount Incurred This Period 0.00	Payment This Period 91.62	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="91.62"/>	<b>Transaction ID : DC0D1925BD35D48D1BBB</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="91.62"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D86B4480771384ACE93A</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : DC9FE662DFC7E4CCFA72</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : DC193719F1A2C4B7E9B9	
Amount Incurred This Period 0.00	Payment This Period 91.62	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 233.72	Transaction ID : DB9310EF9F2A249FBB9F	
Amount Incurred This Period 0.00	Payment This Period 233.72	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D52E1DCB1A8904F43889	
Amount Incurred This Period 0.00	Payment This Period 91.62	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D1BE15C2E078A4649BBF</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	<b>Transaction ID : D102E9DB4F6A14FE8885</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="233.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="91.62"/>	<b>Transaction ID : D3446C5E6DDB54E7088F</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="91.62"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP	
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 233.72		Transaction ID : DE187654453AD494B859	
Amount Incurred This Period 0.00	Payment This Period 233.72	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : DD32E6020986844828A6	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : DD9CCEE431C104437BD8	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D071EE58BFB0C4A778E5	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	48.24	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): EMAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : DBB2E507B2DEB4D0A9A7	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	48.24	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : DC2326436223B422D8F5	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	48.24	0.00	

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : D47B5A388D570404F91D	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : D27DDD3BE8A5248FEB16	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : D25665D5799954CBE947	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : D71FB991EA60C4AE4A52	
Amount Incurred This Period 0.00	Payment This Period 48.24	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24		Transaction ID : DB3599CB6858D47F8AE3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24		Transaction ID : DE3DE2357736D480DBE9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	304.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : <b>D653C0DAF988F40E7B5A</b>	
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 <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : <b>DB651DF4FC798463480F</b>	
50.22		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	50.22	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : <b>D37F7955FFDA045B7B36</b>	
50.22		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	50.22	0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>		Nature of Debt (Purpose): DIRECT MAIL PRINTING	
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period 50.22		Transaction ID : D57D407725E0640A79DA	
Amount Incurred This Period 0.00	Payment This Period 50.22	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26		Transaction ID : DA286D6ADDF A94DD991C	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24		Transaction ID : D884ACEC69EF040E6BED	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	152.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : DA725793F4A0D4B5D8F7	
<input type="text" value="152.24"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="152.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : D78BA0FB075CE4C3BBC1	
<input type="text" value="933.32"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="933.32"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : D53EA9DF51A864C3DA28	
<input type="text" value="50.22"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="50.22"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="152.24"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period		Transaction ID : DE1118AAC1A25482AB25	
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 <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period		Transaction ID : D1866EFE07A48488E9C9	
152.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	152.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period		Transaction ID : DD75B34F6EA7F48CBB5E	
152.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	152.24	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	304.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 93
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : D7DEB1FC3A6624A2B947	
<input type="text" value="50.22"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="50.22"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : D55A2DF0CD7ED408081B	
<input type="text" value="50.22"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="50.22"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : D0EA0DD9F7B6044CFB67	
<input type="text" value="152.24"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="152.24"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="152.24"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785-4361	

Outstanding Balance Beginning This Period	Transaction ID : D59C32F80DAB241A38B1	
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 <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 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	0.00	152.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : D2226CE03060D47C3BDB	
152.24		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	152.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	304.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 93
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LAMAR</b>			Nature of Debt (Purpose): BILLBOARD ADVERTISEMENT PLACEMENT
Mailing Address 1121 S. BOYLE AVE.			
City LOS ANGELES	State CA	Zip Code 90023-2150	

Outstanding Balance Beginning This Period		Transaction ID : D654CB84F1E474BF88B4	
0.00			
Amount Incurred This Period	Payment 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			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3580.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	7063.80
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7063.80



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Category/Type
Date of Public Distribution/Dissemination 04 / 04 / 2018
Amount 6590.00
Transaction ID : E80F9A53C0710451DA45
Date of Disbursement or Obligation 04 / 04 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 04 / 2018
Amount 828.80
Transaction ID : E1823E0B9FEB54619854
Date of Disbursement or Obligation 04 / 04 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7418.80
(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] Date 05 / 20 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 38129.54

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 17764.56

(a) SUBTOTAL of Itemized Independent Expenditures 10342.00
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3827.28

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, ,
Calendar Year-To-Date Per Election for Office Sought 4996.19

(a) SUBTOTAL of Itemized Independent Expenditures 1243.20
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING EXPENSE
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 34487.26

Full Name of Payee LAMAR
Mailing Address 1121 S. BOYLE AVE.
City LOS ANGELES State CA Zip Code 90023-2150
Purpose of Expenditure BILLBOARD ADVERTISEMENT PLACEMENT
Name of Federal Candidate: WATERS, MAXINE, ,
Calendar Year-To-Date Per Election for Office Sought 41709.54

(a) SUBTOTAL of Itemized Independent Expenditures 1066.00
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: WATERS, MAXINE, , ,
Office Sought: House District: 43 State: CA
Disbursement For: General 2018
Amount 157.47
Transaction ID: E86D336E9F2654994881

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Office Sought: Senate State: PA
Disbursement For: General 2018
Amount 157.47
Transaction ID: E2A832281CD1042B48BC

(a) SUBTOTAL of Itemized Independent Expenditures 314.94
(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]

Date

05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: BROWN, SHERROD, , ,
Calendar Year-To-Date Per Election for Office Sought 3259.55
Disbursement For: General 2018

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Calendar Year-To-Date Per Election for Office Sought 3417.01
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 472.40
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04 / 20 / 2018
Amount 314.93
Transaction ID : E8E72135D72234663900
Date of Disbursement or Obligation 04 / 20 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04 / 20 / 2018
Amount 157.47
Transaction ID : E2438F8AE53264E749F8
Date of Disbursement or Obligation 04 / 20 / 2018

Name of Federal Candidate: MANCHIN III, JOE, , ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 472.40
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 4614.62
Disbursement For: 2018 General

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought 3417.01
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 1102.27
(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]

Date 05 / 20 / 2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/20/2018
Amount 314.93
Transaction ID: E72E5B613D4E14D36BD5
Date of Disbursement or Obligation 04/20/2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/20/2018
Amount 314.93
Transaction ID: E43427D3F8AF840BCAB5
Date of Disbursement or Obligation 04/20/2018

Name of Federal Candidate: HEITKAMP, HEIDI, ,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 629.86
(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]

Date

05/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/20/2018
Amount 157.47
Transaction ID : EA6055A9A7B8A433FAEC
Date of Disbursement or Obligation 04/20/2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5153.66

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Date of Public Distribution/Dissemination 01/10/2018
Amount 91.62
Transaction ID : E01F09E9FFBD249AD950
Date of Disbursement or Obligation 04/23/2018

Name of Federal Candidate: Tester, Jon,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 423.80
Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 249.09
(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]
Date 05/20/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Name of Federal Candidate: CASEY, ROBERT P, JR,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809
1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: HEITKAMP, HEIDI,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 139.86
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 50.22
Transaction ID : EE52B720A70E1441BAF4
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BROWN, SHERROD, , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Category/Type
Date of Public Distribution/Dissemination 01 / 18 / 2018
Amount 48.24
Transaction ID : EFE6C0A1E87D541FE9D4
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BROWN, SHERROD, , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, ,
Calendar Year-To-Date Per Election for Office Sought 668.03
Disbursement For: Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 281.96
(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] Date 05 / 20 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Name of Federal Candidate: TESTER, JON, ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 281.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, ,

[Electronically Filed]

Date 05 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 11/29/2017
Amount 244.23
Transaction ID: E110BD63EE67C4EB1B9E
Date of Disbursement or Obligation 04/23/2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 1601.35

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01/10/2018
Amount 91.62
Transaction ID: E136B0BBC610745F9927
Date of Disbursement or Obligation 04/23/2018

Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

(a) SUBTOTAL of Itemized Independent Expenditures 335.85
(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, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: 2018 Other (specify) ANNUAL

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 668.03
Disbursement For: 2018 Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 283.94
(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, , ,

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Date 05 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 12/8/2017. DIRECT MAIL POSTAGE/MAILHOUSE
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 43937.69
Date of Public Distribution/Dissemination 12/08/2017
Amount 2070.68
Transaction ID : EB5A9DC80B8994F2E962
Date of Disbursement or Obligation 04/23/2018
Office Sought: House District: 43 State: CA
Disbursement For: General 2018

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL EXPENSE
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 2893.43
Date of Public Distribution/Dissemination 01/22/2018
Amount 255.26
Transaction ID : EDE80AFD22BB043F18B3
Date of Disbursement or Obligation 04/23/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2325.94
(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, , ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL CREATIVE
Category/Type
Date of Public Distribution/Dissemination 01 / 18 / 2018
Amount 48.24
Transaction ID : E8CA9FEBC27344DA7AEI
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 1601.35

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 91.62
Transaction ID : E326CFF407B954B48B09
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BROWN, SHERROD, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(a) SUBTOTAL of Itemized Independent Expenditures 139.86
(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, ,

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Date 05 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 668.03
Disbursement For: Other (specify) ANNUAL

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

(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, , ,

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Date

05 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 233.72
Transaction ID : E8313122CD1914B73B8D
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 233.72
Transaction ID : E6C7B036258C248929CD
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: Tester, Jon,
Support Oppose
Office Sought: House Senate State: MT
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(a) SUBTOTAL of Itemized Independent Expenditures 467.44
(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,
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Signature

Date 05 / 20 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: 2018 Other (specify) ANNUAL

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 668.03
Disbursement For: 2018 Other (specify) ANNUAL

(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Name of Federal Candidate: WATERS, MAXINE, , ,
Office Sought: House District: 43 State: CA
Amount 4151.87
Transaction ID : EEC4AE763CABD44AB8F
Date of Disbursement or Obligation 04 / 23 / 2018
Disbursement For: Other (specify) ANNUAL

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Office Sought: Senate State: MO
Amount 91.62
Transaction ID : E08076C8735534A2BBB4
Date of Disbursement or Obligation 04 / 23 / 2018
Disbursement For: Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 4243.49
(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] Date 05 / 20 / 2018
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL PRINTING
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 91.62
Transaction ID : E7771A811766644F385B
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 1601.35

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 233.72
Transaction ID : EDDA0BEF23A95420E903
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BROWN, SHERROD, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(a) SUBTOTAL of Itemized Independent Expenditures 325.34
(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] Date 05 / 20 / 2018
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 50.22
Transaction ID : EC0BCE5832E864F17888
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 91.62
Transaction ID : EF0FB55E13F8A47B4953
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: Stabenow, Debbie,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(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]

Date 05 / 20 / 2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Date of Public Distribution/Dissemination 01/18/2018
Amount 48.24
Transaction ID : E98CE46E101474914996
Date of Disbursement or Obligation 04/23/2018
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Office Sought: Senate State: MO
Disbursement For: Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Date of Public Distribution/Dissemination 01/22/2018
Amount 50.22
Transaction ID : E98A56288AE6344CA9D9
Date of Disbursement or Obligation 04/23/2018
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Office Sought: Senate State: MO
Disbursement For: Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(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]

Date

05/20/2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 233.72
Transaction ID : ED7E52ED36C3249BFB0B
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 11 / 29 / 2017
Amount 244.23
Transaction ID : EF7E51E456BB04548926
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 477.95, (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] Date 05 / 20 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 933.32
Transaction ID : EC6481A3FAE844CB8B0E
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 1601.35

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809
1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 233.72
Transaction ID : EBC63F18C29E8405B9FE
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: HEITKAMP, HEIDI, ,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

(a) SUBTOTAL of Itemized Independent Expenditures 1167.04
(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]

Date

05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 50.22
Transaction ID : EE88FF0674C8F4503BEB
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: STABENOW, DEBBIE, ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 50.22
Transaction ID : ED82702F6721B4BA835
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 1601.35

(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]

Date

05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 91.62
Transaction ID : E4AB90AB258A1462380D
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 423.80

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 11 / 29 / 2017
Amount 244.23
Transaction ID : E488DFB99988749C6AFC
Date of Disbursement or Obligation 04 / 23 / 2018

Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify) ANNUAL
Calendar Year-To-Date Per Election for Office Sought 668.03

(a) SUBTOTAL of Itemized Independent Expenditures 335.85
(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]

Date 05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL PRINTING
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 1601.35
Disbursement For: Other (specify) ANNUAL

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 423.80
Disbursement For: Other (specify) ANNUAL

(a) SUBTOTAL of Itemized Independent Expenditures 281.96
(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]

Date 05 / 20 / 2018

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00635243                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2018
Mailing Address <b>6304 SHERIFF RD. STE Z</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">50.22</div>
City <b>LANDOVER</b>	State <b>MD</b>	
Zip Code <b>20785-4361</b>	Transaction ID : <b>ED9458FA1DC864CBF92C</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2018	
Purpose of Expenditure <b>PMT FOR EST FROM 1/22/2018. DIRECT MAIL MAILSHOP</b>		Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>ND</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>ANNUAL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">423.80</span>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN FUNDING DIRECT</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2018
Mailing Address <b>1420 SPRING HILL ROAD, SUITE 490</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">48.24</div>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22102-3028</b>	Transaction ID : <b>E7C87C5F037A1420AAD4</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2018	
Purpose of Expenditure <b>PMT FOR EST FROM 1/18/2018. ONLINE AGENCY FEE</b>		Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate: <b>STABENOW, DEBBIE, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>MI</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>ANNUAL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">423.80</span>		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">98.46</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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]*

Date M M / D D / Y Y Y Y Y Y  
05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 789.00
Transaction ID : EB8199437A4EB481F998
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 394.50
Transaction ID : ED031E7D5CF52441E8EA
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: MANCHIN III, JOE, , ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1183.50
(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] Date 05 / 20 / 2018
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 394.50
Transaction ID : E5D68FA07DE7142AB83E
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 394.50
Transaction ID : EAB74FC26450942AF880
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 789.00
(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] Date 05 / 20 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 394.50
Transaction ID : EC2F6918B4CC8434596B
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: BROWN, SHERROD, , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Category/Type
Date of Public Distribution/Dissemination 04 / 30 / 2018
Amount 1972.50
Transaction ID : ED745CB5C54414EC0891
Date of Disbursement or Obligation 04 / 30 / 2018

Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2367.00
(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]

Date

05 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/30/2018
Amount 789.00
Transaction ID : E6EED3FB3D0EF40BC982
Date of Disbursement or Obligation 04/30/2018

Name of Federal Candidate: STABENOW, DEBBIE, , ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/30/2018
Amount 789.00
Transaction ID : E5757C4C63F834E0699E
Date of Disbursement or Obligation 04/30/2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1578.00
(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] Date 05/20/2018
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635243
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b>		Amount <input type="text"/>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	<b>Transaction ID : E8842A9FF4941402AA03</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>TESTER, JON, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b>		Amount <input type="text"/>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	<b>Transaction ID : ED33497D203A4469BB50</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE (ORIGINAL AMT EST)</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>DONNELLY, JOSEPH, S, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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, , ,  
Signature

*[Electronically Filed]*

Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785-4361
Purpose of Expenditure DIRECT MAIL EXPENSE
Date of Public Distribution/Dissemination 04/30/2018
Amount 394.50
Transaction ID: EBACFE48685E14D3CBF/
Date of Disbursement or Obligation 04/30/2018

Name of Federal Candidate: WATERS, MAXINE, ,
Support Oppose
Office Sought: House District: 43
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 44332.19
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 394.50, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 43067.36

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] Date 05/20/2018
Signature