

# 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.

Need To Impeach

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Deane, Shawnda, , ,

Type or Print Name of Treasurer

Signature of Treasurer Deane, Shawnda, , , [Electronically Filed] Date  /  /

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Need To Impeach**

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="2020"/>		<input type="text" value="1488339.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1488339.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="265619.34"/>	<input type="text" value="265619.34"/>
(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="1753959.30"/>	<input type="text" value="1753959.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1099585.42"/>	<input type="text" value="1099585.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="654373.88"/>	<input type="text" value="654373.88"/>
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="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Need To Impeach

Report Covering the Period: From: 01 / 01 / 2020 To: 03 / 31 / 2020

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).....	2100.00	2100.00
(ii) Unitemized .....	28487.94	28487.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30587.94	30587.94
(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) .....	30587.94	30587.94
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).....	235025.94	235025.94
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.46	5.46
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)).....▶	265619.34	265619.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	265619.34	265619.34

**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 .....	1099585.42	1099585.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1099585.42	1099585.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1099585.42	1099585.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1099585.42	1099585.42

**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) .....	30587.94	30587.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30587.94	30587.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1099585.42	1099585.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	235025.94	235025.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	864559.48	864559.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 65
	<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	

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)  
**Need To Impeach**

**A. Frieder, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1309  
 City Topanga State CA Zip Code 90290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Richard Frieder Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 28 / 2020**  
**Transaction ID : IDTA4721**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt **01 / 31 / 2020**  
**Transaction ID : INCA2677IDTA4721**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Frieder, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1309  
 City Topanga State CA Zip Code 90290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Richard Frieder Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 28 / 2020**  
**Transaction ID : IDTA4746**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : IDTA4721

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2677IDTA4721

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4746

Earmarked through ActBlue

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 9 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

**A. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 02 / 29 / 2020  
**Transaction ID : INCA2696IDTA4746**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Frieder, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1309  
 City Topanga State CA Zip Code 90290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Richard Frieder Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : IDTA4766**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 03 / 29 / 2020  
**Transaction ID : INCA2719IDTA4766**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Form/Schedule: SA11AI

Transaction ID : INCA2696IDTA4746

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4766

Earmarked through ActBlue

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA2719IDTA4766

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 12 OF 65
	<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)  
**Need To Impeach**

**A. Katawczik, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 Avonworth Heights Drive  
 City Pittsburgh State PA Zip Code 15237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2020  
**Transaction ID : IDTA4722**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 01 / 31 / 2020  
**Transaction ID : INCA2677IDTA4722**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Katawczik, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 Avonworth Heights Drive  
 City Pittsburgh State PA Zip Code 15237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : IDTA4747**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : IDTA4722

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2677IDTA4722

Total earmarked through Conduit PAC limit not affected

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA4747

Earmarked through ActBlue

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 15 OF 65  
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

**A. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2020

**Transaction ID : INCA2696IDTA4747**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Katawczik, Dennis, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 409 Avonworth Heights Drive

City Pittsburgh	State PA	Zip Code 15237
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
n/a Not Employed

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
03	/	31	/	2020

**Transaction ID : IDTA4768**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

**Transaction ID : INCA2721IDTA4768**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA2696IDTA4747

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4768

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2721IDTA4768

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 18 OF 65
	<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)  
**Need To Impeach**

**A. Parfitt, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 626 Ondossagon Way

City Madison	State WI	Zip Code 53719
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Richard Parfitt	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		03		2020

**Transaction ID : IDTA4709**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		05		2020

**Transaction ID : INCA2639IDTA4709**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 626 Ondossagon Way

City Madison	State WI	Zip Code 53719
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Richard Parfitt	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		03		2020

**Transaction ID : IDTA4726**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA4709

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2639IDTA4709

Total earmarked through Conduit PAC limit not affected

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA4726

Earmarked through ActBlue

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: (check only one)	PAGE 21 OF 65
	<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)  
**Need To Impeach**

**A. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2020

**Transaction ID : INCA2680IDTA4726**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Parfitt, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 626 Ondossagon Way

City Madison	State WI	Zip Code 53719
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Richard Parfitt Physician

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
03		03		2020

**Transaction ID : IDTA4755**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

**Transaction ID : INCA2703IDTA4755**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA2680IDTA4726

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4755

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2703IDTA4755

Total earmarked through Conduit PAC limit not affected

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 24 OF 65  
(check only one)

<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)  
**Need To Impeach**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Shell, Michael, , ,**

Mailing Address 416 Queens Road, Apt. 5

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2020

**Transaction ID : IDTA4710**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30731.17

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2020

**Transaction ID : INCA2639IDTA4710**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 416 Queens Road, Apt. 5

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2020

**Transaction ID : IDTA4727**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : IDTA4710

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2639IDTA4710

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4727

Earmarked through ActBlue

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: (check only one)	PAGE 27 OF 65
	<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)  
**Need To Impeach**

**A. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2020

**Transaction ID : INCA2680IDTA4727**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Shell, Michael, , ,**

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

Mailing Address 416 Queens Road, Apt. 5

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Not Employed
--	---

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  
 03 / 03 / 2020

**Transaction ID : IDTA4756**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2020

**Transaction ID : INCA2703IDTA4756**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA2680IDTA4727

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4756

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2703IDTA4756

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 30 OF 65
	<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)  
**Need To Impeach**

**A. Taylor, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7343 Paseo Verde  
 City Carlsbad State CA Zip Code 92009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2020  
**Transaction ID : IDTA4723**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 01 / 31 / 2020  
**Transaction ID : INCA2677IDTA4723**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Taylor, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7343 Paseo Verde  
 City Carlsbad State CA Zip Code 92009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : IDTA4749**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA4723

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2677IDTA4723

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4749

Earmarked through ActBlue

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: (check only one)	PAGE 33 OF 65
	<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)  
**Need To Impeach**

**A. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2020

**Transaction ID : INCA2696IDTA4749**

Amount of Each Receipt this Period  

100.00
--------

Memo Item

**B. Taylor, Douglas, , ,**

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

Mailing Address 7343 Paseo Verde

City Carlsbad	State CA	Zip Code 92009
------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Not Employed
--	---

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
03	/	31	/	2020

**Transaction ID : IDTA4769**

Amount of Each Receipt this Period  

100.00
--------

Memo Item

**C. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

**Transaction ID : INCA2721IDTA4769**

Amount of Each Receipt this Period  

100.00
--------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA2696IDTA4749

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4769

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2721IDTA4769

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 36 OF 65
<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)  
**Need To Impeach**

**A. Tompkins, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61135 Ambassador Drive  
 City Bend State OR Zip Code 97702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Helen Tompkins Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : IDTA4717**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 01 / 19 / 2020  
**Transaction ID : INCA2651IDTA4717**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Tompkins, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61135 Ambassador Drive  
 City Bend State OR Zip Code 97702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Helen Tompkins Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 17 / 2020  
**Transaction ID : IDTA4743**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : IDTA4717

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2651IDTA4717

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4743

Earmarked through ActBlue

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: (check only one)	PAGE 39 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

**A. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2020

**Transaction ID : INCA2694IDTA4743**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Tompkins, Helen, , ,**

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

Mailing Address 61135 Ambassador Drive

City Bend	State OR	Zip Code 97702
--------------	-------------	-------------------

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

Name of Employer (for Individual) Helen Tompkins	Occupation (for Individual) Attorney
---	---

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  
 03 / 17 / 2020

**Transaction ID : IDTA4762**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2020

**Transaction ID : INCA2714IDTA4762**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA2694IDTA4743

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4762

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2714IDTA4762

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 42 OF 65
	<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)  
**Need To Impeach**

**A. Williamson, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Pacific Avenue  
 City San Francisco State CA Zip Code 94115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forager Project Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 07 / 2020  
**Transaction ID : IDTA4712**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Arrow Street  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 30731.17

Date of Receipt 01 / 12 / 2020  
**Transaction ID : INCA2642IDTA4712**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Williamson, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Pacific Avenue  
 City San Francisco State CA Zip Code 94115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forager Project Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 07 / 2020  
**Transaction ID : IDTA4728**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : IDTA4712

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2642IDTA4712

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4728

Earmarked through ActBlue

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: (check only one)	PAGE 45 OF 65
	<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)  
**Need To Impeach**

**A. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2020

**Transaction ID : INCA2680IDTA4728**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Williamson, Stephen, , ,**

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

Mailing Address 3000 Pacific Avenue

City San Francisco	State CA	Zip Code 94115
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Forager Project	Occupation (for Individual) Chief Executive Officer

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  
 03 / 07 / 2020

**Transaction ID : IDTA4757**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ActBlue**

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
30731.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2020

**Transaction ID : INCA2703IDTA4757**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2100.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA2680IDTA4728

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4757

Earmarked through ActBlue

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA2703IDTA4757

Total earmarked through Conduit PAC limit not affected

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: (check only one)	PAGE 48 OF 65
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

**A. Need to Impeach**

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

Mailing Address 111 Sutter Street, 10th Floor

City San Francisco	State CA	Zip Code 94104
-----------------------	-------------	-------------------

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 ▼  
235025.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2020

**Transaction ID : INCA2701**

Amount of Each Receipt this Period  
235025.94

Memo Item  
Refund

**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  

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

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  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235025.94
<b>TOTAL</b> This Period (last page this line number only).....	235025.94

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB2640**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB2643**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB2652**  
Amount of Each Disbursement this Period

Memo Item

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

**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)  
**Need To Impeach**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [REDACTED]	
City Somerville	State MA	Zip Code 02144	Transaction ID : <b>EXPB2662</b>
Purpose of Disbursement Merchant Fees		Category/Type 001	Amount of Each Disbursement this Period 49.73
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [REDACTED]	
City Somerville	State MA	Zip Code 02144	Transaction ID : <b>EXPB2676</b>
Purpose of Disbursement Merchant Fees		Category/Type 001	Amount of Each Disbursement this Period 50.42
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [REDACTED]	
City Somerville	State MA	Zip Code 02144	Transaction ID : <b>EXPB2675</b>
Purpose of Disbursement Merchant Fees		Category/Type 001	Amount of Each Disbursement this Period 13.93
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	114.08
<b>TOTAL</b> 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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

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
0	2		0	9		2	0	2	0

FEC Identification Number  
  
**Transaction ID : EXPB2681**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

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
0	2		1	6		2	0	2	0

FEC Identification Number  
  
**Transaction ID : EXPB2693**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

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
0	2		2	3		2	0	2	0

FEC Identification Number  
  
**Transaction ID : EXPB2695**  
 Amount of Each Disbursement this Period

Memo Item

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

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

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
0	2			2		2	0	2	0

FEC Identification Number

C [Redacted]

**Transaction ID : EXPB2698**

Amount of Each Disbursement this Period

[Redacted]	85.16
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

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
0	3			0		2	0	2	0

FEC Identification Number

C [Redacted]

**Transaction ID : EXPB2699**

Amount of Each Disbursement this Period

[Redacted]	2.19
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

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
0	3			0		2	0	2	0

FEC Identification Number

C [Redacted]

**Transaction ID : EXPB2704**

Amount of Each Disbursement this Period

[Redacted]	65.16
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Memo Item

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

[Redacted]	152.51
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**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]	
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**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)  
**Need To Impeach**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : EXPB2707</b>	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [ ] 50.57
Purpose of Disbursement Merchant Fees		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : EXPB2715</b>	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [ ] 42.64
Purpose of Disbursement Merchant Fees		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : EXPB2718</b>	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [ ] 56.91
Purpose of Disbursement Merchant Fees		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 150.12
<b>TOTAL</b> 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)  
**Need To Impeach**

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C

Transaction ID : EXPB2720

Amount of Each Disbursement this Period: 13.46

Memo Item

**B. Deane & Company**

Full Name (Last, First, Middle Initial)

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2020

FEC Identification Number: C

Transaction ID : EXPB2641

Amount of Each Disbursement this Period: 1857.00

Memo Item

**C. Deane & Company**

Full Name (Last, First, Middle Initial)

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2020

FEC Identification Number: C

Transaction ID : EXPB2679

Amount of Each Disbursement this Period: 1661.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3532.26

**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)  
**Need To Impeach**

**A. Deane & Company**

Full Name (Last, First, Middle Initial)

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2020

FEC Identification Number: C

Transaction ID : EXPB2702

Amount of Each Disbursement this Period: 1554.65

Memo Item

**B. Deliver Strategies, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4301 N. Fairfax Drive, Suite 550

City Arlington State VA Zip Code 22203

Purpose of Disbursement Billboard

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 21 / 2020

FEC Identification Number: C

Transaction ID : EXPB2644

Amount of Each Disbursement this Period: 6360.00

Memo Item

**C. DMM Foothill, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1670 Zanker Road, Suite B

City San Jose State CA Zip Code 95112

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2020

FEC Identification Number: C

Transaction ID : EXPB2706

Amount of Each Disbursement this Period: 1255.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9169.65

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. GPS Impact**

Mailing Address 220 SE 6th Street, #330

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
Television Ads

004

Category/  
Type

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
0	1		0	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2635**

Amount of Each Disbursement this Period

[REDACTED] 103605.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. GPS Impact**

Mailing Address 220 SE 6th Street, #330

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
Television Buy

004

Category/  
Type

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
0	3		2	0		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2705**

Amount of Each Disbursement this Period

[REDACTED] 36422.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hannah Wasserman dba States Made Apparel**

Mailing Address 2641 S. Harcourt Avenue

City  
Los Angeles

State  
CA

Zip Code  
90016

Purpose of Disbursement  
Buttons

006

Category/  
Type

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
0	1		2	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2653**

Amount of Each Disbursement this Period

[REDACTED] 6029.85

Memo Item

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

[REDACTED] 146057.56

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

Full Name (Last, First, Middle Initial) <b>A. Need to Impeach</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2020
Mailing Address 111 Sutter Street, 10th Floor		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB2660</b> Amount of Each Disbursement this Period [REDACTED] 1031.61
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Staff Time		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Need to Impeach</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2020
Mailing Address 111 Sutter Street, 10th Floor		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB2678</b> Amount of Each Disbursement this Period [REDACTED] 12527.36
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Staff Time		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Need to Impeach</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2020
Mailing Address 111 Sutter Street, 10th Floor		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB2682</b> Amount of Each Disbursement this Period [REDACTED] 1039.97
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Staff Time		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 14598.94
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. Need to Impeach**

Mailing Address 111 Sutter Street, 10th Floor

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Petition Lists

001

Category/  
Type

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
0	3		0	9		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2700**

Amount of Each Disbursement this Period

[REDACTED] 425694.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. Need to Impeach**

Mailing Address 111 Sutter Street, 10th Floor

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Staff Time

001

Category/  
Type

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
0	3		3	0		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2713**

Amount of Each Disbursement this Period

[REDACTED] 299.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Phone2Action, Inc.**

Mailing Address 1500 Wilson Blvd., Suite 700

City  
Arlington

State  
VA

Zip Code  
22209

Purpose of Disbursement  
Grassroots Marketing

001

Category/  
Type

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
0	3		0	3		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2688**

Amount of Each Disbursement this Period

[REDACTED] 75000.00

Memo Item

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

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

[REDACTED] 500993.63

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. Strategic Consulting Group**

Mailing Address 350 W. Hubbard Street, Suite 200

City Chicago State IL Zip Code 60654

Purpose of Disbursement Patch Through Calls

001  
Category/Type

Candidate Name

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

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2020

FEC Identification Number  
 C  
**Transaction ID : EXPB2691**  
 Amount of Each Disbursement this Period  
 4774.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. Strategic Consulting Group**

Mailing Address 350 W. Hubbard Street, Suite 200

City Chicago State IL Zip Code 60654

Purpose of Disbursement Campaign Consulting

001  
Category/Type

Candidate Name

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

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2020

FEC Identification Number  
 C  
**Transaction ID : EXPB2689**  
 Amount of Each Disbursement this Period  
 2225.78

Memo Item

Full Name (Last, First, Middle Initial)

**C. Targeted Platform Media LLC**

Mailing Address 1291 Hollywood Avenue

City Annapolis State MD Zip Code 21403

Purpose of Disbursement Media Buy

004  
Category/Type

Candidate Name

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

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2020

FEC Identification Number  
 C  
**Transaction ID : EXPB2666**  
 Amount of Each Disbursement this Period  
 197788.68

Memo Item

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

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

204788.68

**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)  
**Need To Impeach**

**A. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Online Ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : EXPB2627

Amount of Each Disbursement this Period: 4400.00

Memo Item

**B. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : EXPB2629

Amount of Each Disbursement this Period: 244.43

Memo Item

**C. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Website and Digital Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : EXPB2634

Amount of Each Disbursement this Period: 27597.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 32241.93

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City  
Portland

State  
OR

Zip Code  
97205

Purpose of Disbursement  
Concept Designs

001

Category/  
Type

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
0	1		0	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2628**

Amount of Each Disbursement this Period

[REDACTED] 3450.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City  
Portland

State  
OR

Zip Code  
97205

Purpose of Disbursement  
Design for Online Ads

001

Category/  
Type

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
0	1		2	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2654**

Amount of Each Disbursement this Period

[REDACTED] 4400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City  
Portland

State  
OR

Zip Code  
97205

Purpose of Disbursement  
Subscriptions

001

Category/  
Type

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
0	1		2	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB2655**

Amount of Each Disbursement this Period

[REDACTED] 228.50

Memo Item

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

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

[REDACTED] 8078.50

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Need To Impeach**

**A. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Online Ads Management

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2020

FEC Identification Number: C

Transaction ID : EXPB2656

Amount of Each Disbursement this Period: 10950.00

Memo Item

**B. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Website and Digital Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2020

FEC Identification Number: C

Transaction ID : EXPB2657

Amount of Each Disbursement this Period: 10460.00

Memo Item

**C. Winning Mark, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement Online Ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2020

FEC Identification Number: C

Transaction ID : EXPB2667

Amount of Each Disbursement this Period: 120405.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 141815.78

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

**A. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement  
Graphic Design

**001**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : EXPB2684**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement  
Website

**001**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : EXPB2683**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Winning Mark, LLC**

Mailing Address 1220 SW Morrison Street, #910

City Portland State OR Zip Code 97205

Purpose of Disbursement  
Campaign Consulting

**001**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : EXPB2686**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**Need To Impeach**

Full Name (Last, First, Middle Initial)

### A. Winning Mark, LLC

Mailing Address 1220 SW Morrison Street, #910

City  
Portland

State  
OR

Zip Code  
97205

Purpose of Disbursement  
Email Subscriptions

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2020

FEC Identification Number

C
---

**Transaction ID : EXPB2685**

Amount of Each Disbursement this Period

228.50
--------

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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

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

228.50
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1099545.14
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 65
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Need To Impeach**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Consulting Group</b>			Nature of Debt (Purpose): Campaign Consulting
Mailing Address 350 W. Hubbard Street, Suite 200			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period		Transaction ID : PAYD2687	
2225.78			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2225.78	0.00	

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

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