

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

Inland Empire Strikes PAC; The

ADDRESS (number and street) 410 1st St SE

Suite 310

Check if different than previously reported. (ACC) Washington DC 20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00547356

3. IS THIS REPORT NEW OR AMENDED (N) (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) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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 in the State of

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2017 through 06 30 2017

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

Type or Print Name of Treasurer

Signature of Treasurer May, Jennifer, , , [Electronically Filed] Date 07 30 2017

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

Table with 8 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Inland Empire Strikes PAC; The

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="2339.08"/>	<input type="text" value="2339.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2339.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27000.00"/>	<input type="text" value="27000.00"/>
(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="29339.08"/>	<input type="text" value="29339.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28650.50"/>	<input type="text" value="28650.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="688.58"/>	<input type="text" value="688.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Inland Empire Strikes PAC; The

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20000.00	20000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20000.00	20000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27000.00	27000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	27000.00	27000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27000.00	27000.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	750.50	750.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	750.50	750.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27900.00	27900.00
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)) ..	28650.50	28650.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28650.50	28650.50

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27000.00	27000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27000.00	27000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	750.50	750.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	750.50	750.50

**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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

A. Coil, Henry, W., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3505 Beechwood Pl

City Riverside	State CA	Zip Code 92506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tilden-Coil Constructors, Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 3505 Beechwood Pl

City Riverside	State CA	Zip Code 92506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 12401 West Olympic Boulevard

City Los Angeles	State CA	Zip Code 90064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VCA Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
5000.00

Memo Item
Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	15000.00
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: PAGE 7 OF 12
(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)
Inland Empire Strikes PAC; The

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Van Ameringen, Henry, , ,

Mailing Address **37 W 12th St
Apt 11E**

City **New York** State **NY** Zip Code **10011**

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

Name of Employer (for Individual) **N/A** Occupation (for Individual) **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 02 / 2017

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period
5000.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	20000.00

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

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

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NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

A. ActBlue

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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
06	/	30	/	2017

Transaction ID : SA11C.4589

Amount of Each Receipt this Period

5000.00

Memo Item
 Total Through Conduit This Reporting Period

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Southwest Regional Council of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters & Joiners of America

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C** C00285593

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
01	/	04	/	2017

Transaction ID : SA11C.4563

Amount of Each Receipt this Period

1000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Southwest Regional Council of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters & Joiners of America

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C** C00285593

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
05	/	08	/	2017

Transaction ID : SA11C.4578

Amount of Each Receipt this Period

1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
United Food and Commercial Workers International Union Active Ballot Club

Mailing Address 1775 K ST NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C** C00002766

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2017

Transaction ID : SA11C.4568

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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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
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

A. Next Level Partners, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 410 1st St, SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Consultant - Compliance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4586

Amount of Each Disbursement this Period: 520.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	520.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 430 S Capitol St, SE FI 2		FEC Identification Number C C00000935 Transaction ID : SB23.4570 Amount of Each Disbursement this Period 13700.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address 430 S Capitol St, SE FI 2		FEC Identification Number C C00000935 Transaction ID : SB23.4573 Amount of Each Disbursement this Period 8500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address 430 S Capitol St, SE FI 2		FEC Identification Number C C00000935 Transaction ID : SB23.4585 Amount of Each Disbursement this Period 3700.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25900.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Inland Empire Strikes PAC; The

Full Name (Last, First, Middle Initial) A. Jon Ossoff for Congress		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address PO Box 450326		FEC Identification Number C 00630426 Transaction ID : SB23.4588
City Atlanta	State GA	Zip Code 31145
Purpose of Disbursement Contribution - Special Runoff		Amount of Each Disbursement this Period 1000.00
Candidate Name Ossoff, Jonathan, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	
State: GA	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Rob Quist for Montana		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address PO Box 1917		FEC Identification Number C 00632232 Transaction ID : SB23.4587
City Kalispell	State MT	Zip Code 59903
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Quist, Robert, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
State: MT	District: 00	<input type="checkbox"/> Memo Item

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

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

2000.00

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

27900.00