

# 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

L PAC

ADDRESS (number and street)

PO BOX 76940

Check if different than previously reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00519413

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:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

/  /

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

/  /

through

/  /

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Rosen, Hilary, , ,

[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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

L PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		85991.45
(b) Cash on Hand at Beginning of Reporting Period.....	155160.10	
(c) Total Receipts (from Line 19) .....	171725.50	720251.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	326885.60	806243.07
7. Total Disbursements (from Line 31).....	248718.29	728075.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78167.31	78167.31
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**L PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y  
07 / 01 / 2018 To: M M / D D / Y Y Y Y  
09 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56525.00	127115.00
(ii) Unitemized .....	5545.50	14740.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62070.50	141855.19
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	67070.50	146855.19
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.).....	104655.00	573396.43
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)).....▶	171725.50	720251.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	171725.50	720251.62

**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 .....	5994.90	11884.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5994.90	11884.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	18000.00
24. Independent Expenditures (use Schedule E) .....	20000.00	20000.00
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 .....	3450.00	3450.00
(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)).....	3450.00	3450.00
29. Other Disbursements (Including Non-Federal Donations).....	213273.39	674741.67
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)) ..	248718.29	728075.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	248718.29	728075.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	67070.50	146855.19
34. Total Contribution Refunds (from Line 28(d)) .....	3450.00	3450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63620.50	143405.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5994.90	11884.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5994.90	11884.09

**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 130
	<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)  
**L PAC**

**A. Abbott, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 394 Commercial St  
 Unit 1  
 City Provincetown State MA Zip Code 02657-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T2Q5**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Altenburg, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5005 N Francisco Ave  
 City Chicago State IL Zip Code 60625-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Able Network Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : VNW3HG9JGQ8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. And Sally Rose, Joan Lenane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 681  
 City Provincetown State MA Zip Code 02657-0681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coldwell Banker Pat Shultz Real Estate Occupation (for Individual) real estate broker-owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2018  
**Transaction ID : VNW3HG61W45**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 130
	<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)  
**L PAC**

**A. Baldwin, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Bradford St  
 City Provincetown State MA Zip Code 02657-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roux Provincetown LLC Occupation (for Individual) Self Employed, Innkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 29 / 2018**  
**Transaction ID : VNW3HG4W6P1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Baldwin, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Bradford St  
 City Provincetown State MA Zip Code 02657-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roux Provincetown LLC Occupation (for Individual) Self Employed, Innkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **08 / 10 / 2018**  
**Transaction ID : VNW3HG5T3H1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Barker, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 158 8th Ave 3  
 City New York State NY Zip Code 10011-5149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ecotecture D&D Occupation (for Individual) Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 28 / 2018**  
**Transaction ID : VNW3HG4W4X0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 130
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bettano, Carla, J., ,</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2018
Mailing Address 140 Prince St		<b>Transaction ID : VNW3HG5T2R3</b>
City Jamaica Plain	State MA	Zip Code 02130-4005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Boggs, Brianna, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2018
Mailing Address 14 Bearse Ave # 3		<b>Transaction ID : VNW3HG5T2T9</b>
City Dorchester	State MA	Zip Code 02124-5803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) GLAD	Occupation (for Individual) Director of Development	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bonnevie, Kelly, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2018
Mailing Address 41 Crehore Rd		<b>Transaction ID : VNW3HG5T2V7</b>
City Chestnut Hill	State MA	Zip Code 02467-3244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) WMB Law Firm	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bowd, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2018
Mailing Address 157 Commercial St		<b>Transaction ID : VNW3HG011G1</b>
City Provincetown	State MA	Zip Code 02657-2031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) salt hotels	Occupation (for Individual) hotelier	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brauer, Shelley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2018
Mailing Address 4 Calvin Rd		<b>Transaction ID : VNW3HFZW918</b>
City Jamaica Plain	State MA	Zip Code 02130-3415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Psychotherapist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Brauer, Shelley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2018
Mailing Address 4 Calvin Rd		<b>Transaction ID : VNW3HG5T314</b>
City Jamaica Plain	State MA	Zip Code 02130-3415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Psychotherapist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Brock, Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 381  
 City Provincetown State MA Zip Code 02657-0381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Information Requested  
 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  
 08 / 10 / 2018  
**Transaction ID : VNW3HG5T2W5**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Campbell, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Olden Ln  
 City Princeton State NJ Zip Code 08540-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2018  
**Transaction ID : VNW3HGAJ8V4**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Carter, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6514 E Halbert Rd  
 City Bethesda State MD Zip Code 20817-5414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reaction Retail Occupation (for Individual) vp of sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2018  
**Transaction ID : VNW3HGANH0**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
	<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)  
**L PAC**

**A. Cherry, Elyse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Cotswold Rd  
 City Brookline State MA Zip Code 02445-5837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CEO Occupation (for Individual) Boston Community Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2018  
**Transaction ID : VNW3HG4W8W2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cohn, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7209 Willow Ave  
 City Takoma Park State MD Zip Code 20912-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : VNW3HG0B002**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 07 / 25 / 2018  
**Transaction ID : VNW3HG4QZS6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St  
 Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T2Y1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St  
 Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 25 / 2018  
**Transaction ID : VNW3HG7G7D0**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St  
 Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : VNW3HGB37Z9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 13 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Desmond, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 W Oak St  
 15a  
 City Chicago State IL Zip Code 60610-8721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eagle Vista Partners Occupation (for Individual) Founder/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2018  
**Transaction ID : VNW3HGA9R63**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. DiCarlo, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2018  
**Transaction ID : VNW3HG3DJP5**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Enloe, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3303 Water St NW  
 Unit 5D  
 City Washington State DC Zip Code 20007-3577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.S. Held LLC Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2018  
**Transaction ID : VNW3HGANG78**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 130
	<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)  
**L PAC**

**A. Felicio, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Westchester Rd  
 City Jamaica Plain State MA Zip Code 02130-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 16 / 2018  
**Transaction ID : VNW3HG660Y2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Fitzer, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.BOX 691  
 City Provincetown State MA Zip Code 02657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PM83**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Fox, Janis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Bayberry Ave  
 City Provincetown State MA Zip Code 02657-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T2Z8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Franchot, Polly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1819 Humboldt Ave S  
 City Minneapolis State MN Zip Code 55403-2814  
 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 ▼ 500.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T306**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Gallardo, Miriam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 D St Apt 6D  
 City Boston State MA Zip Code 02210-1991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oracle Occupation (for Individual) Consulting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PMA9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Glott, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Birch Hill Rd  
 City Newton State MA Zip Code 02465-2552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MFA Boston Occupation (for Individual) Museum Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2018  
**Transaction ID : VNW3HG68MH6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 130
	<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)  
**L PAC**

**A. Goad, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2817 S Norton Ave  
 City Los Angeles State CA Zip Code 90018-2846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACLU Fdn of SoCal Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : VNW3HGBD4S2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Goodwin, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Thistlemore Rd  
 City Provincetown State MA Zip Code 02657-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PMH4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Halem, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Ware St Apt 42  
 City Cambridge State MA Zip Code 02138-4030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harvard University Occupation (for Individual) LGBTQ Director, Harvard Medical Scho  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T322**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 17 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Hanna, Gabrielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Pleasant St  
 City Provincetown State MA Zip Code 02657-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Realtor/Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 09 / 2018**  
**Transaction ID : VNW3HG0KFH0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hanratty, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Appleton St # 3  
 City Boston State MA Zip Code 02116-6109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 12 / 2018**  
**Transaction ID : VNW3HG2HJ74**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Harrison, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 7096  
 City Fort Lauderdale State FL Zip Code 33338-7096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Old Florida Occupation (for Individual) New Media Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 09 / 2018**  
**Transaction ID : VNW3HG5PMK0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 130
	<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Herz, Diane, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2018
Mailing Address 6909 Wake Forest Dr		<b>Transaction ID : VNW3HGA9M30</b>
City College Park	State MD	Zip Code 20740-3605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Mathematica	Occupation (for Individual) VP, Chief Diversity Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hoover, Gretchen, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 1087		<b>Transaction ID : VNW3HGAYSN9</b>
City Rhineland	State WI	Zip Code 54501-1087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Huth, Thomas, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2018
Mailing Address 294 Walnut St Apt 2		<b>Transaction ID : VNW3HG5PMN5</b>
City Brookline	State MA	Zip Code 02445-7570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Huth Architects	Occupation (for Individual) Architect	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kubesch, James, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2018 <b>Transaction ID : VNW3HG26RZ2</b>
Mailing Address 35 Bayberry Ave		Amount of Each Receipt this Period 250.00
City Provincetown	State MA	Zip Code 02657-1214
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Filmmaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kushner, Tony, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2018 <b>Transaction ID : VNW3HFZY1C4</b>
Mailing Address 200 Park Ave S Apt 26D		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10003-1503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Playwright	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Larkin, Patty, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2018 <b>Transaction ID : VNW3HG5PN52</b>
Mailing Address PO Box 663		Amount of Each Receipt this Period 1000.00
City Wellfleet	State MA	Zip Code 02667-0663
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Musician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Lenane, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 681  
 City Provincetown State MA Zip Code 02657-0681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coldwell Banker Pat Shultz Real Estate Occupation (for Individual) Real Estate Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PMS7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Leszczynski, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T330**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Lord, Chastity, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1714 Franklin St Ste 100 136  
 City Oakland State CA Zip Code 94612-3488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Color of Change Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : VNW3HGB0YD2**  
 Amount of Each Receipt this Period 4800.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
	<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)  
**L PAC**

**A. Malzman, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Electric Ave  
 Apt 2  
 City Somerville State MA Zip Code 02144-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T3G3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. MCGAHAN, Anita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 654  
 City Provincetown State MA Zip Code 02657-0654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Toronto Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2018  
**Transaction ID : VNW3HG57HN3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Meck, Terrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Bradford St  
 City Provincetown State MA Zip Code 02657-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Palette Fund Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PMX9**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**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 22 OF 130
	<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)  
**L PAC**

**A. Mondini, Elena J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 Laurel Ave  
 City Ocean State NJ Zip Code 07712-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrotel Inc Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 05 / 2018**  
**Transaction ID : VNW3HG04SP1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Mondini, Elena J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 Laurel Ave  
 City Ocean State NJ Zip Code 07712-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrotel Inc Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 04 / 2018**  
**Transaction ID : VNW3HG57F19**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Mondini, Elena J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 Laurel Ave  
 City Ocean State NJ Zip Code 07712-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrotel Inc Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **09 / 04 / 2018**  
**Transaction ID : VNW3HG94V01**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**L PAC**

**A. Nagle, Candace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1896  
 City Provincetown State MA Zip Code 02657-0245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : VNW3HG099S0**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Pellett, Clark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 680 N Lake Shore Dr Apt 1302  
 City Chicago State IL Zip Code 60611-4482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney-consultant  
 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  
 09 / 19 / 2018  
**Transaction ID : VNW3HGAGEW9**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal & Wealth Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2018  
**Transaction ID : VNW3HG4XGH9**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 130
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Robasciotti, Rachel, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2018
Mailing Address 870 Market St Ste 1275		<b>Transaction ID : VNW3HG84BM1</b>
City San Francisco	State CA	Zip Code 94102-2918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Robasciotti & Philipson	Occupation (for Individual) Principal & Wealth Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Robasciotti, Rachel, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2018
Mailing Address 870 Market St Ste 1275		<b>Transaction ID : VNW3HGBCSM0</b>
City San Francisco	State CA	Zip Code 94102-2918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Robasciotti & Philipson	Occupation (for Individual) Principal & Wealth Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rogers, Ann, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2018
Mailing Address 271 Walden St # 2		<b>Transaction ID : VNW3HG5T3K6</b>
City Cambridge	State MA	Zip Code 02138-6715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Human Resources	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Rojas, Fermin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Bayberry Ave  
 City Provincetown State MA Zip Code 02657-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DKR Films Occupation (for Individual) Partner/Creative Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T3N2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Rotenstreich, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Spring St  
 City New York State NY Zip Code 10012-4020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Axiom Global Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PMZ4**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Saul, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1470 S Quebec Way 115  
 City Denver State CO Zip Code 80231-5696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2018  
**Transaction ID : VNW3HG6QNB0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Savarese, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Prospect Ave  
 City Northampton State MA Zip Code 01060-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Media Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T3W6**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Sears, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 W 43rd St Apt 28A  
 City New York State NY Zip Code 10036-4355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Out Leadership LLC Occupation (for Individual) Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : VNW3HG01FK3**  
 Amount of Each Receipt this Period 3250.00  
 Memo Item

**C. SHANKS, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 Myrtle Ave Apt 9G  
 City Brooklyn State NY Zip Code 11201-7073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) W.W. Norton Occupation (for Individual) Web Designer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2018  
**Transaction ID : VNW3HG8VWG7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Shapiro, Vivian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 W 79th St  
 Apt 4A  
 City New York State NY Zip Code 10024-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PS direct inc Occupation (for Individual) Media sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2018  
**Transaction ID : VNW3HG6PJG5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation Distric Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : VNW3HG3N3J4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation Distric Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2018  
**Transaction ID : VNW3HG6QRP3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<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)  
**L PAC**

**A. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : VNW3HGANB86**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Skinner Ricketts, Brooke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avant Occupation (for Individual) Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2018  
**Transaction ID : VNW3HG9PV35**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 722.50

Date of Receipt 08 / 26 / 2018  
**Transaction ID : VNW3HG9PV35E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University Occupation (for Individual) Clinical Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2018  
**Transaction ID : VNW3HG3Q9F0**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University Occupation (for Individual) Clinical Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2018  
**Transaction ID : VNW3HG7F869**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University Occupation (for Individual) Clinical Professor  
 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  
 09 / 21 / 2018  
**Transaction ID : VNW3HGANJF7**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130
	<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)  
**L PAC**

**A. Steinwand, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Perkins St  
 Apt 223  
 City Jamaica Plain State MA Zip Code 02130-4323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Retired Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PN44**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Troyan, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Commercial St  
 City Provincetown State MA Zip Code 02657-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EBSCO Information Services Occupation (for Individual) Physician/Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2018  
**Transaction ID : VNW3HG4W6W8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave  
 10C  
 City New York State NY Zip Code 10023-3661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : VNW3HGA9PK0**  
 Amount of Each Receipt this Period 500.00  
 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 31 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vogel, Erin, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2018
Mailing Address 1616 W Montrose Ave Apt 2F		Transaction ID : <b>VNW3HG3QB06</b>
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Walker, Christine, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2018
Mailing Address 222 2nd St SE Apt 704		Transaction ID : <b>VNW3HG3GMQ9</b>
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Provincetown Film Society	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Walters, Suzanna, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2018
Mailing Address 9 Appleton St Apt 103		Transaction ID : <b>VNW3HG2HK27</b>
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 130
	<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)  
**L PAC**

**A. Walters, Suzanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Appleton St  
 Apt 103  
 City Boston State MA Zip Code 02116-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeastern University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : VNW3HG5T465**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Wilson, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1990 Byers Dr  
 City Menlo Park State CA Zip Code 94025-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) IT Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : VNW3HG3K238**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Wilson, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1990 Byers Dr  
 City Menlo Park State CA Zip Code 94025-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) IT Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 18 / 2018  
**Transaction ID : VNW3HG6AXQ7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 130
	<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)  
**L PAC**

**A. Wilson, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1990 Byers Dr  
 City Menlo Park State CA Zip Code 94025-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) IT Marketing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 18 / 2018**  
**Transaction ID : VNW3HGAGHF3**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Witeck, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1914 N Johnson St  
 City Arlington State VA Zip Code 22207-3741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Witeck Communications, Inc. Occupation (for Individual) Public Relations  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 17 / 2018**  
**Transaction ID : VNW3HG9PHP4**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>56525.00</b>

**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 34 OF 130
<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)  
**L PAC**

**A. PLANNED PARENTHOOD ACTION FUND INC. PAC**

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

Mailing Address 434 W 33rd St

City New York	State NY	Zip Code 10001-2601
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00314617

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	14	/	2018

**Transaction ID : VNW3HG5Z8X4**

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  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 35 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Abzug, Liz, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 105 Duane St Apt 21C		<b>Transaction ID : VNW3HG3N132</b>
City New York	State NY	Zip Code 10007-3607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Bella Abzug Leadership Institute	Occupation (for Individual) Founder/Executive Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Blaustein, Janet, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 337 Cambridge Dr		<b>Transaction ID : VNW3HG3MRX8</b>
City Ramsey	State NJ	Zip Code 07446-1382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Camper, Jennifer, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 135 Ocean Pkwy Apt 10U		<b>Transaction ID : VNW3HG3JPS6</b>
City Brooklyn	State NY	Zip Code 11218-2591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Graphic Design	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Cruz, Ana, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1726 E 7th Ave  
 City Tampa State FL Zip Code 33605-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 07 / 05 / 2018  
**Transaction ID : VNW3HG04N83**  
 Amount of Each Receipt this Period 6500.00  
 Memo Item  
 non-contribution account

**B. Dee, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3508 W Barcelona St  
 City Tampa State FL Zip Code 33629-7010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Playbook Public Relations Occupation (for Individual) PR/Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3JP99**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 non-contribution account

**C. Ellis, Sarah Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 W 29th St FI 4  
 City New York State NY Zip Code 10001-5310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAAD Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3JPG5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7250.00  
**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 37 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Glei, Jocelyn, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address Information Requested		<b>Transaction ID : VNW3HG3JNV9</b>
City Information Requested	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Greene, Janice, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address Information Requested		<b>Transaction ID : VNW3HG3JP40</b>
City Information Requested	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hatch, Jennifer, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 311 N Broadway		<b>Transaction ID : VNW3HG3JP74</b>
City Nyack	State NY	Zip Code 10960-1620
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Austin Hatch Smith	Occupation (for Individual) Financial Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 7000.00	non-contribution account

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Hoover, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 SW 1st Ave  
 Apt 2919  
 City Miami State FL Zip Code 33130-5409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Red Multifamily Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3N1F7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

**B. KIVLAN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Furman St  
 City Brooklyn State NY Zip Code 11201-7083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stribling & Associates, ltd Occupation (for Individual) Real Estate Company President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3N1G5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

**C. Kloss, Ilana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 W 79th St  
 Ph 1B  
 City New York State NY Zip Code 10024-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) World Team Tennis Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3N124**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KRAVITZ, SUSAN, , ,</b>		Date of Receipt
Mailing Address 69 Browsers Ln		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2018"/>
City Roslyn Heights	State NY	Zip Code 11577-2104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HG3JPB5</b>
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Photographer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lichtstein, Julie, , ,</b>		Date of Receipt
Mailing Address 18 E 16th St		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2018"/>
City New York	State NY	Zip Code 10003-3111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HG3JQ19</b>
Name of Employer (for Individual) Information Requested		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Meck, Terrence, , ,</b>		Date of Receipt
Mailing Address 115 Bradford St		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2018"/>
City Provincetown	State MA	Zip Code 02657-1430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HFZXN03</b>
Name of Employer (for Individual) The Palette Fund		Amount of Each Receipt this Period <input type="text" value="3250.00"/>
Occupation (for Individual) President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="3250.00"/>	Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 40 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Meck, Terrence, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2018
Mailing Address 115 Bradford St		<b>Transaction ID : VNW3HGD45N9</b>
City Provincetown	State MA	Zip Code 02657-1430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) The Palette Fund	Occupation (for Individual) President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Millman, Debbie, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 441 W 24th St		<b>Transaction ID : VNW3HG3JP16</b>
City New York	State NY	Zip Code 10011-1253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) School of Visual Arts	Occupation (for Individual) Designer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	<input type="checkbox"/> non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ricketts, Laura, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2018
Mailing Address 430 Sheridan Rd		<b>Transaction ID : VNW3HGC16Y4</b>
City Wilmette	State IL	Zip Code 60091-2821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Chicago Cubs	Occupation (for Individual) Co-Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 156708.10	<input type="checkbox"/> non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 156708.10

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HGC1700**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 non-contribution account

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206708.10

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : VNW3HGCEDR4**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 non-contribution account

**C. RITCHIE, ALIX, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 030220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 84500.00

Date of Receipt **08 / 27 / 2018**  
**Transaction ID : VNW3HG7GP42**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70500.00  
**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 42 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St  
 Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal & Wealth Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3JPH3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

**B. Rose, Ina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 Howell Rd  
 City Mountain Lakes State NJ Zip Code 07046-1350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Passion 4 People Consulting Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3JNY3**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 non-contribution account

**C. Sadoff, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 N 5th St  
 City Hudson State NY Zip Code 12534-1722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lumeri Occupation (for Individual) Management Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3N1C3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Slavin, Jeffrey, Z., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5706 Warwick PI  
 City Chevy Chase State MD Zip Code 20815-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Town of Somerset, MD Occupation (for Individual) Mayor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2018  
**Transaction ID : VNW3HG5PN28**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Stallone, Kristine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Read Ave  
 City Tuckahoe State NY Zip Code 10707-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AJWS Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1298.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3JQ76**  
 Amount of Each Receipt this Period 298.00  
 Memo Item  
 non-contribution account

**C. Testa, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 462 1st Ave  
 City New York State NY Zip Code 10016-9196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : VNW3HG3JPD1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1798.00  
**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 44 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Tilney, Augusta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 W 81st St  
 City New York State NY Zip Code 10024-6023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3JNS3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

**B. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave 10C  
 City New York State NY Zip Code 10023-3661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 22401.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3N199**  
 Amount of Each Receipt this Period 1531.00  
 Memo Item  
 non-contribution account

**C. Vallbhan, Shalini, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Eastern Pkwy Apt 5C  
 City Brooklyn State NY Zip Code 11238-5910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Cancer Society Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : VNW3HG3N182**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2031.00
<b>TOTAL</b> This Period (last page this line number only).....	100729.00

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Bankcard</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2018
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number C [ ] <b>Transaction ID : VNV499Y3EZ</b> Amount of Each Disbursement this Period [ ] 209.51
City Agoura Hills	State CA	Zip Code 91301-4574
Purpose of Disbursement Contribution Processing Fees		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>B. Bankcard</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2018
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number C [ ] <b>Transaction ID : VNV499Y3F0</b> Amount of Each Disbursement this Period [ ] 209.21
City Agoura Hills	State CA	Zip Code 91301-4574
Purpose of Disbursement Contribution Processing Fees		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>C. Bankcard</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number C [ ] <b>Transaction ID : VNV499Y3F1</b> Amount of Each Disbursement this Period [ ] 1479.38
City Agoura Hills	State CA	Zip Code 91301-4574
Purpose of Disbursement Contribution Processing Fees		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1898.10
<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)  
**L PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>04</td> <td></td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		04		2018
M M M	/	D D D	/	Y Y Y Y Y									
09		04		2018									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement Contribution Processing Fees		Category/ Type	<b>Transaction ID : VNV499Y3EY</b>										
Candidate Name			Amount of Each Disbursement this Period										
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) ▼		<b>308.69</b>										
State: District:			<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Care Creative</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>21</td> <td></td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		21		2018
M M M	/	D D D	/	Y Y Y Y Y									
09		21		2018									
Mailing Address 172 Pacific Avenue,		FEC Identification Number											
City Toronto	State ON	Zip Code M6P 2P5	<b>C</b>										
Purpose of Disbursement Graphic Design		Category/ Type	<b>Transaction ID : VNV499Y3EV</b>										
Candidate Name			Amount of Each Disbursement this Period										
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) ▼		<b>3625.00</b>										
State: District:			<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Fouracre, Matt, , ,</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>15</td> <td></td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	08		15		2018
M M M	/	D D D	/	Y Y Y Y Y									
08		15		2018									
Mailing Address 309 Cooper St # 3B		FEC Identification Number											
City Brooklyn	State NY	Zip Code 11237-6401	<b>C</b>										
Purpose of Disbursement Salary		Category/ Type	<b>Transaction ID : VNV499Y6W</b>										
Candidate Name			Amount of Each Disbursement this Period										
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) ▼		<b>70.61</b>										
State: District:			<input checked="" type="checkbox"/> Memo Item										

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>3933.69</b>
<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: SB21B

Transaction ID : VNV499Y6W42

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Fouracre, Matt, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 309 Cooper St # 3B			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6Wf</b> Amount of Each Disbursement this Period 99.20	
City Brooklyn	State NY	Zip Code 11237-6401	Category/Type [REDACTED]	
Purpose of Disbursement Salary		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Fouracre, Matt, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 309 Cooper St # 3B			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6W7</b> Amount of Each Disbursement this Period 99.20	
City Brooklyn	State NY	Zip Code 11237-6401	Category/Type [REDACTED]	
Purpose of Disbursement Salary		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Fouracre, Matt, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 309 Cooper St # 3B			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6Wl</b> Amount of Each Disbursement this Period 269.01	
City Brooklyn	State NY	Zip Code 11237-6401	Category/Type [REDACTED]	
Purpose of Disbursement Salary		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

Form/Schedule: SB21B

Transaction ID : VNV499Y6W68

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6W76

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WE1

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6Wf</b> Amount of Each Disbursement this Period [REDACTED] 269.01
City Brooklyn	State NY	Zip Code 11237-6401
Purpose of Disbursement Salary		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6XM</b> Amount of Each Disbursement this Period [REDACTED] 7.93
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6XV</b> Amount of Each Disbursement this Period [REDACTED] 189.12
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WF9

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6XM9

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6XV5

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6XT</b> Amount of Each Disbursement this Period [REDACTED] 181.23
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6XH</b> Amount of Each Disbursement this Period [REDACTED] 6.19
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6XS</b> Amount of Each Disbursement this Period [REDACTED] 172.93
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6XT7

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6XH6

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6XS9

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:



**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement  
Payroll Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2018

FEC Identification Number

C  
Transaction ID : VNV499Y6XJ  
Amount of Each Disbursement this Period  
6.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement  
Payroll Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : VNV499Y6XG  
Amount of Each Disbursement this Period  
6.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : VNV499Y6XY  
Amount of Each Disbursement this Period  
191.06

Memo Item

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

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

0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : VNV499Y6XJ4

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6XG8

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6XY8

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y6XK

Amount of Each Disbursement this Period: 6.68

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y6XW

Amount of Each Disbursement this Period: 190.99

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y6X)

Amount of Each Disbursement this Period: 190.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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: SB21B

Transaction ID : VNV499Y6XK1

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6XW3

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6XX0

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6Wc</b> Amount of Each Disbursement this Period [REDACTED] 279.11	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type [REDACTED]
Purpose of Disbursement Salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>B. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6WN</b> Amount of Each Disbursement this Period [REDACTED] 285.79	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type [REDACTED]
Purpose of Disbursement Salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>C. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6Wl</b> Amount of Each Disbursement this Period [REDACTED] 280.49	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type [REDACTED]
Purpose of Disbursement Salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Memo Item <input checked="" type="checkbox"/>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WG7

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6WN6

Portion of admin. expense allocable to contribution account



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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WH5

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6WJ</b> Amount of Each Disbursement this Period [REDACTED] 280.49	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6WJ</b> Amount of Each Disbursement this Period [REDACTED] 280.49	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6WJ</b> Amount of Each Disbursement this Period [REDACTED] 280.49	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WJ3

Portion of admin. expense allocable to contribution account

Form/Schedule: SB21B

Transaction ID: VNV499Y6WK1

Portion of admin. expense allocable to contribution account

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6WM9

Portion of admin. expense allocable to contribution account

Form/Schedule:

Transaction ID:

# 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Town Hall Foundation Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 123 W 43rd St		FEC Identification Number <b>C</b>
City New York	State NY	
Purpose of Disbursement Fundraising Event Venue Rental		Transaction ID : <b>VNV499Y6Y2</b>
Candidate Name		Amount of Each Disbursement this Period 582.35
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b>
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b>
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5831.79

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

Form/Schedule: SB21B

Transaction ID : VNV499Y6Y20

Portion of fundraising expense allocable to contribution account

Form/Schedule:

Transaction ID:

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. SHARICE FOR CONGRESS**

Date of Disbursement:  /  /

Mailing Address: 13851 W 63rd St  
NUM 303

City: Shawnee State: KS Zip Code: 66216-3800

Purpose of Disbursement: Contribution

Candidate Name: **DAVIDS, SHARICE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KS District: 03

FEC Identification Number: **C** C00670034  
Transaction ID : **VNV499Y3EX**  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Tammy Baldwin for Senate**

Date of Disbursement:  /  /

Mailing Address: 633 W Wisconsin Ave  
Ste 1920

City: Milwaukee State: WI Zip Code: 53203-1918

Purpose of Disbursement: Federal Campaign Contribution

Candidate Name: **Baldwin, Tammy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 00

FEC Identification Number: **C** C00326801  
Transaction ID : **VNV499Y3EW**  
Amount of Each Disbursement this Period:   
 Memo Item

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

Date of Disbursement:  /  /

Mailing Address:

City:  State:  Zip Code:

Purpose of Disbursement:

Candidate Name:

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

State:  District:

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).....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. RITCHIE, ALIX, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address PO Box 030220		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6ZN</b>	
City Fort Lauderdale	State FL	Zip Code 33303-0220	Amount of Each Disbursement this Period [REDACTED] 500.00
Purpose of Disbursement Refund of Contribution		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RITCHIE, ALIX, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address PO Box 030220		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6ZQ</b>	
City Fort Lauderdale	State FL	Zip Code 33303-0220	Amount of Each Disbursement this Period [REDACTED] 1350.00
Purpose of Disbursement Refund of Contribution		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. RITCHIE, ALIX, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address PO Box 030220		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y6ZS</b>	
City Fort Lauderdale	State FL	Zip Code 33303-0220	Amount of Each Disbursement this Period [REDACTED] 1350.00
Purpose of Disbursement Refund of Contribution		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3200.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. RITCHIE, ALIX, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address PO Box 030220		FEC Identification Number C [ ] <b>Transaction ID : VNV499Y6ZT</b>	
City Fort Lauderdale	State FL	Zip Code 33303-0220	Amount of Each Disbursement this Period [ ] 125.00
Purpose of Disbursement Refund of Contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. RITCHIE, ALIX, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address PO Box 030220		FEC Identification Number C [ ] <b>Transaction ID : VNV499Y6ZV</b>	
City Fort Lauderdale	State FL	Zip Code 33303-0220	Amount of Each Disbursement this Period [ ] 125.00
Purpose of Disbursement Refund of Contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	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).....▶	[ ] 250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 3450.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y36B</b>
City Washington	State DC	Zip Code 20002-4449
Purpose of Disbursement Train Travel		Amount of Each Disbursement this Period [REDACTED] 10.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y36C:</b>
City Washington	State DC	Zip Code 20002-4449
Purpose of Disbursement Train Travel		Amount of Each Disbursement this Period [REDACTED] 12.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y4C:</b>
City Washington	State DC	Zip Code 20002-4449
Purpose of Disbursement Train Travel		Amount of Each Disbursement this Period [REDACTED] 11.25
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) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 33.25
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>			Date of Disbursement MM / DD / YYYY 09 / 21 / 2018	
Mailing Address 201 I St NE			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y4CF</b>	
City Washington	State DC	Zip Code 20002-4449	Amount of Each Disbursement this Period [REDACTED] 8.50	
Purpose of Disbursement Train Travel		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 07 / 03 / 2018	
Mailing Address PO Box 8999			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34A</b>	
City San Francisco	State CA	Zip Code 94128-8999	Amount of Each Disbursement this Period [REDACTED] 40.00	
Purpose of Disbursement Contribution Processing Fees		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address PO Box 8999			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34E</b>	
City San Francisco	State CA	Zip Code 94128-8999	Amount of Each Disbursement this Period [REDACTED] 40.00	
Purpose of Disbursement Contribution Processing Fees		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 88.50
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y349I</b>
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Contribution Processing Fees		Amount of Each Disbursement this Period [REDACTED] 40.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34H!</b>
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34J</b>
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 100.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34K</b> Amount of Each Disbursement this Period [REDACTED] 30.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34M</b> Amount of Each Disbursement this Period [REDACTED] 30.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34N</b> Amount of Each Disbursement this Period [REDACTED] 30.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Category/ Type [REDACTED]
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).....▶	[REDACTED] 90.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018	
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3FH</b> Amount of Each Disbursement this Period [REDACTED] 3.00 Non-contribution account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20005-3950	Category/ Type
Purpose of Disbursement Bank Fee			
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2018	
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34P!</b> Amount of Each Disbursement this Period [REDACTED] 30.00 non-contribution account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20005-3950	Category/ Type
Purpose of Disbursement Bank Fees			
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2018	
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34F</b> Amount of Each Disbursement this Period [REDACTED] 35.00 non-contribution account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20005-3950	Category/ Type
Purpose of Disbursement Bank Fees			
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).....▶	[REDACTED] 68.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34D</b>
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period [REDACTED] 10.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34R</b>
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y34E</b>
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period [REDACTED] 10.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 50.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y34T

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y34G

Amount of Each Disbursement this Period: 35.00

Memo Item

**C. Bankcard**

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement Contribution Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y351

Amount of Each Disbursement this Period: 2342.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2407.94

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>02</td> <td>/</td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08	/	02	/	2018
M M M	/	D D D	/	Y Y Y Y Y Y									
08	/	02	/	2018									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement Contribution Processing Fees		Transaction ID : <b>VNV499Y352</b>											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>46.48</td> </tr> </table>		46.48									
46.48													
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		non-contribution account											
State: District:	<input type="checkbox"/> Memo Item												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>04</td> <td>/</td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09	/	04	/	2018
M M M	/	D D D	/	Y Y Y Y Y Y									
09	/	04	/	2018									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement Contribution Processing Fees		Transaction ID : <b>VNV499Y30T1</b>											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>37.77</td> </tr> </table>		37.77									
37.77													
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		non-contribution account											
State: District:	<input type="checkbox"/> Memo Item												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Benjamin, Erica, J, ,</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>13</td> <td>/</td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07	/	13	/	2018
M M M	/	D D D	/	Y Y Y Y Y Y									
07	/	13	/	2018									
Mailing Address 551 24th St NE Apt B		FEC Identification Number											
City Washington	State DC	Zip Code 20002-4817	<b>C</b>										
Purpose of Disbursement Salary		Transaction ID : <b>VNV499XXC1</b>											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>1604.10</td> </tr> </table>		1604.10									
1604.10													
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		non-contribution account											
State: District:	<input type="checkbox"/> Memo Item												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"> <tr> <td>1688.35</td> </tr> </table>	1688.35
1688.35		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BTC Revolutions</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address 304 Arlington Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZG</b>
City Brookville	State OH	Zip Code 45309-1323
Purpose of Disbursement Digital Consulting		Amount of Each Disbursement this Period [REDACTED] 16000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BTC Revolutions</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 304 Arlington Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZH</b>
City Brookville	State OH	Zip Code 45309-1323
Purpose of Disbursement Digital Consulting		Amount of Each Disbursement this Period [REDACTED] 8000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cater2Me</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address 220 Montgomery St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3E5</b>
City San Francisco	State CA	Zip Code 94104-3402
Purpose of Disbursement Fundraising Event Catering		Amount of Each Disbursement this Period [REDACTED] 792.70
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) ▼	<input type="checkbox"/> Non-contribution account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 24792.70
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd  
Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 03 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499Y342I**  
Amount of Each Disbursement this Period: [REDACTED] 278.10  
non-contribution account  
 Memo Item

**B. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd  
Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 01 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499Y343I**  
Amount of Each Disbursement this Period: [REDACTED] 259.20  
non-contribution account  
 Memo Item

**C. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd  
Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499Y341I**  
Amount of Each Disbursement this Period: [REDACTED] 306.65  
non-contribution account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ [REDACTED] 843.95

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. DC Government</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2018
Mailing Address 1207 Taylor St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZX</b> Amount of Each Disbursement this Period [REDACTED] 3274.72 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20011-5617
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
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. Donaldson and Callif</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 400 S Beverly Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y348f</b> Amount of Each Disbursement this Period [REDACTED] 2500.00 non-contribution account <input type="checkbox"/> Memo Item
City Beverly Hills	State CA	Zip Code 90212-4407
Purpose of Disbursement Media Production		Category/ Type [REDACTED]
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. Four Points Hotel Seattle</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 601 Roy St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3Af</b> Amount of Each Disbursement this Period [REDACTED] 794.74 non-contribution account <input type="checkbox"/> Memo Item
City Seattle	State WA	Zip Code 98109-4242
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 6569.46

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499XXD1</b> Amount of Each Disbursement this Period 1332.21 non-contribution account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Zip Code 11237-6401	Purpose of Disbursement Salary	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:	

Full Name (Last, First, Middle Initial) <b>B. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499XXD5</b> Amount of Each Disbursement this Period 1871.66 non-contribution account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Zip Code 11237-6401	Purpose of Disbursement Salary	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:	

Full Name (Last, First, Middle Initial) <b>C. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499XXD1</b> Amount of Each Disbursement this Period 1871.66 non-contribution account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Zip Code 11237-6401	Purpose of Disbursement Salary	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5075.53
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499XXDE</b> Amount of Each Disbursement this Period 5075.63 non-contribution account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Purpose of Disbursement Salary	Zip Code 11237-6401	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y46X!</b> Amount of Each Disbursement this Period 5075.63 non-contribution account <input type="checkbox"/> Memo Item
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) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fouracre, Matt, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 309 Cooper St # 3B		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y46X!</b> Amount of Each Disbursement this Period 5075.63 non-contribution account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Purpose of Disbursement Salary	Zip Code 11237-6401	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
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) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Goldberg, Kira, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 345 W 145th St Apt 3A6		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Digital Consulting	Zip Code 10031-5336	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
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) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499Y2ZJ</b> Amount of Each Disbursement this Period 7500.00 non-contribution account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17651.26
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Goldberg, Kira, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 25 / 2018	
Mailing Address 345 W 145th St Apt 3A6			FEC Identification Number <b>C</b>	
City New York	State NY	Zip Code 10031-5336	Transaction ID : <b>VNV499Y2ZE</b>	
Purpose of Disbursement Communications Consulting			Amount of Each Disbursement this Period 3750.00	
Candidate Name			non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:	Category/Type			

Full Name (Last, First, Middle Initial) <b>B. Google</b>			Date of Disbursement MM / DD / YYYY 07 / 02 / 2018	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number <b>C</b>	
City Mountain View	State CA	Zip Code 94043-1351	Transaction ID : <b>VNV499Y3FD</b>	
Purpose of Disbursement Software Subscription			Amount of Each Disbursement this Period 31.50	
Candidate Name			non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:	Category/Type			

Full Name (Last, First, Middle Initial) <b>C. Google</b>			Date of Disbursement MM / DD / YYYY 07 / 09 / 2018	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number <b>C</b>	
City Mountain View	State CA	Zip Code 94043-1351	Transaction ID : <b>VNV499Y30C</b>	
Purpose of Disbursement Software Subscription			Amount of Each Disbursement this Period 15.00	
Candidate Name			non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:	Category/Type			

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

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

3796.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y30A

Amount of Each Disbursement this Period: 34.20

Memo Item

**B. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 07 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y30F

Amount of Each Disbursement this Period: 15.00

Memo Item

**C. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y31A

Amount of Each Disbursement this Period: 42.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 91.20

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y30G</b>
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [REDACTED] 15.00
Candidate Name		<input type="checkbox"/> non-contribution account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grasshopper.com</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address 197 1st Ave Ste 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y30K!</b>
City Needham	State MA	Zip Code 02494-2873
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [REDACTED] 32.80
Candidate Name		<input type="checkbox"/> non-contribution account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Grasshopper.com</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2018
Mailing Address 197 1st Ave Ste 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y30P</b>
City Needham	State MA	Zip Code 02494-2873
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [REDACTED] 27.75
Candidate Name		<input type="checkbox"/> non-contribution account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 75.55
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Grasshopper.com**

Full Name (Last, First, Middle Initial)

Mailing Address 197 1st Ave  
Ste 200

City Needham State MA Zip Code 02494-2873

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y2ZY

Amount of Each Disbursement this Period: 37.69

Memo Item

**B. Gumbs, Lauren, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 381084  
129 Cambridge Place

City Brooklyn State NY Zip Code 11238-8084

Purpose of Disbursement Management Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y340!

Amount of Each Disbursement this Period: 16666.00

Memo Item

**C. Harland Clarke**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 La Cantera Pkwy

City San Antonio State TX Zip Code 78256-2589

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y4C.

Amount of Each Disbursement this Period: 179.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 16882.78

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Harland Clarke</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 15955 La Cantera Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y4CN</b>
City San Antonio	State TX	Zip Code 78256-2589
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period [REDACTED] 179.09
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y30Q</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period [REDACTED] 581.40
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kovalick, Ann, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018
Mailing Address 295 Mercer St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3E1</b>
City Princeton	State NJ	Zip Code 08540-4803
Purpose of Disbursement Fundraising Event Consulting		Amount of Each Disbursement this Period [REDACTED] 453.51
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) ▼	<input type="checkbox"/> Non-contribution account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1214.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : <b>VNV499Y315I</b>
Purpose of Disbursement Software Subscription		Category/ Type	Amount of Each Disbursement this Period 150.00
Candidate Name			<input type="checkbox"/> non-contribution account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : <b>VNV499Y316I</b>
Purpose of Disbursement Software Subscription		Category/ Type	Amount of Each Disbursement this Period 1275.00
Candidate Name			<input type="checkbox"/> non-contribution account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018	
Mailing Address 264 E Kenilworth Ave		FEC Identification Number <b>C</b>	
City Villa Park	State IL	Zip Code 60181-5502	Transaction ID : <b>VNV499Y3EC</b>
Purpose of Disbursement Website Hosting		Category/ Type	Amount of Each Disbursement this Period 25.00
Candidate Name			<input type="checkbox"/> non-contribution account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1450.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3ER</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y32R'</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y32S</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 75.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y317:</b> Amount of Each Disbursement this Period [REDACTED] 25.00 non-contribution account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Category/ Type [REDACTED]
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. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y319:</b> Amount of Each Disbursement this Period [REDACTED] 25.00 non-contribution account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Category/ Type [REDACTED]
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. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXG:</b> Amount of Each Disbursement this Period [REDACTED] 149.60 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
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).....▶	[REDACTED] 199.60
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXH2</b> Amount of Each Disbursement this Period [REDACTED] 3568.32 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
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. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXH4</b> Amount of Each Disbursement this Period [REDACTED] 3419.34 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
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. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXGI</b> Amount of Each Disbursement this Period [REDACTED] 116.82 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
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).....▶	[REDACTED] 7104.48
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXH5</b> Amount of Each Disbursement this Period [REDACTED] 3262.74 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
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. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXGS</b> Amount of Each Disbursement this Period [REDACTED] 117.04 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
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. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXFY</b> Amount of Each Disbursement this Period [REDACTED] 116.82 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Category/ Type [REDACTED]
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).....▶	[REDACTED] 3496.60
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : VNV499XXGV

Amount of Each Disbursement this Period: 3604.91

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : VNV499XXG8

Amount of Each Disbursement this Period: 126.00

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : VNV499XXG

Amount of Each Disbursement this Period: 3603.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7334.49

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y46Y

Amount of Each Disbursement this Period: 3603.58

Memo Item

**B. PoliOps, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1572

City Glen Allen State VA Zip Code 23060-1572

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y3ET

Amount of Each Disbursement this Period: 6000.00

Memo Item

**C. PowerThru**

Full Name (Last, First, Middle Initial)

Mailing Address 3205 Lincoln St

City Columbia State SC Zip Code 29201-1205

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y2ZA

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14603.58

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499Y344</b> Amount of Each Disbursement this Period 2741.00 non-contribution account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621	Purpose of Disbursement Insurance	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:	

Full Name (Last, First, Middle Initial) <b>B. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499Y345</b> Amount of Each Disbursement this Period 2741.00 non-contribution account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621	Purpose of Disbursement Insurance	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:	

Full Name (Last, First, Middle Initial) <b>C. Premium Assignment Corporation</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2018
Mailing Address 3522 Thomasville Rd Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499Y346</b> Amount of Each Disbursement this Period 1126.93 non-contribution account <input type="checkbox"/> Memo Item
City Tallahassee	State FL	
Zip Code 32309-3488	Purpose of Disbursement Insurance	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:	

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

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

6608.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Premium Assignment Corporation**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3522 Thomasville Rd  
Ste 400

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

City Tallahassee

State FL

Zip Code 32309-3488

FEC Identification Number

Purpose of Disbursement Insurance

C
---

**Transaction ID : VNV499Y347I**  
Amount of Each Disbursement this Period

Candidate Name

Category/Type

1126.93
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item non-contribution account

State: District:

**B. Roberts LTD**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 149 Madison Ave  
Ste 1134

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	8

City New York

State NY

Zip Code 10016-6713

FEC Identification Number

Purpose of Disbursement Software Subscription

C
---

**Transaction ID : VNV499Y30S:**  
Amount of Each Disbursement this Period

Candidate Name

Category/Type

1327.22
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item non-contribution account

State: District:

**C. Roberts LTD**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 149 Madison Ave  
Ste 1134

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	8

City New York

State NY

Zip Code 10016-6713

FEC Identification Number

Purpose of Disbursement Software Subscription

C
---

**Transaction ID : VNV499Y3Gf**  
Amount of Each Disbursement this Period

Candidate Name

Category/Type

1377.22
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item non-contribution account

State: District:

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

3831.37
---------

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

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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXDE</b> Amount of Each Disbursement this Period 5266.14 non-contribution account <input type="checkbox"/> Memo Item	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
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. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXDK</b> Amount of Each Disbursement this Period 5392.20 non-contribution account <input type="checkbox"/> Memo Item	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
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. Sandberg, Stephanie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXDI</b> Amount of Each Disbursement this Period 5292.20 non-contribution account <input type="checkbox"/> Memo Item	
City Princeton	State NJ	Zip Code 08540-6760	Category/ Type
Purpose of Disbursement Salary			
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).....▶	15950.54
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandberg, Stephanie, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 32 Vreeland Ct			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXDS</b>	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 5292.20	
Purpose of Disbursement Salary		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sandberg, Stephanie, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 32 Vreeland Ct			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499XXDZ</b>	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 5292.20	
Purpose of Disbursement Salary		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sandberg, Stephanie, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 32 Vreeland Ct			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y46T</b>	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 5292.20	
Purpose of Disbursement Salary		Candidate Name	non-contribution account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 15876.60
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Save the Date**

Full Name (Last, First, Middle Initial)

Mailing Address 299 Broadway  
Ste 203

City New York State NY Zip Code 10007-4106

Purpose of Disbursement Fundraising Event Consulting

Candidate Name

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

State: District:

Date of Disbursement MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number  
**C**

**Transaction ID : VNV499Y2ZQ**

Amount of Each Disbursement this Period  
190.36

Memo Item non-contribution account

**B. Terra Plata Seattle**

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Melrose Ave

City Seattle State WA Zip Code 98122-3607

Purpose of Disbursement Food/Beverage

Candidate Name

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

State: District:

Date of Disbursement MM / DD / YYYY  
07 / 12 / 2018

FEC Identification Number  
**C**

**Transaction ID : VNV499Y3EF**

Amount of Each Disbursement this Period  
351.21

Memo Item non-contribution account

**C. The Turner Group**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5373

City Virginia Beach State VA Zip Code 23471-0373

Purpose of Disbursement Political Consulting

Candidate Name

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

State: District:

Date of Disbursement MM / DD / YYYY  
08 / 02 / 2018

FEC Identification Number  
**C**

**Transaction ID : VNV499Y2ZE**

Amount of Each Disbursement this Period  
11000.00

Memo Item non-contribution account

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11541.57
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. The Turner Group</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZD</b> Amount of Each Disbursement this Period [REDACTED] 12500.00 non-contribution account <input type="checkbox"/> Memo Item
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Consulting		Category/ Type [REDACTED]
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. The Turner Group</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y356!</b> Amount of Each Disbursement this Period [REDACTED] 3189.16 non-contribution account <input type="checkbox"/> Memo Item
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Reimbursement		Category/ Type [REDACTED]
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. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2018
Mailing Address 4333 Amon Carter Blvd # MD5675		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y62J</b> Amount of Each Disbursement this Period [REDACTED] 978.40 * non-contribution account <input checked="" type="checkbox"/> Memo Item
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Airfare		Category/ Type [REDACTED]
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).....▶	[REDACTED] 15689.16
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Courtyard by Marriot**

Full Name (Last, First, Middle Initial)

Mailing Address 71 W 35th St

City New York State NY Zip Code 10001-2112

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y62K

Amount of Each Disbursement this Period: 392.51

\* non-contribution account

Memo Item

**B. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y62N

Amount of Each Disbursement this Period: 686.60

\* non-contribution account

Memo Item

**C. Four Points Hotel Seattle**

Full Name (Last, First, Middle Initial)

Mailing Address 601 Roy St

City Seattle State WA Zip Code 98109-4242

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2018

FEC Identification Number: C

Transaction ID : VNV499Y62H

Amount of Each Disbursement this Period: 810.88

\* Non-contribution account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. The Turner Group</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y36A</b> Amount of Each Disbursement this Period [REDACTED] 775.69 non-contribution account <input type="checkbox"/> Memo Item
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Reimbursement		Category/ Type [REDACTED]
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. The Turner Group</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZC</b> Amount of Each Disbursement this Period [REDACTED] 12500.00 non-contribution account <input type="checkbox"/> Memo Item
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Consulting		Category/ Type [REDACTED]
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. Town Hall Foundation Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 123 W 43rd St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZF</b> Amount of Each Disbursement this Period [REDACTED] 11647.06 non-contribution account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10036-6586
Purpose of Disbursement Fundraising Event Venue Rental		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 24922.75

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y304</b> Amount of Each Disbursement this Period [REDACTED] 20.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage/Shipping		Category/ Type [REDACTED]
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. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3031</b> Amount of Each Disbursement this Period [REDACTED] 6.70 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage/Shipping		Category/ Type [REDACTED]
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. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y305</b> Amount of Each Disbursement this Period [REDACTED] 39.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage/Shipping		Category/ Type [REDACTED]
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)..... ▶	[REDACTED] 65.70
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Valls, Sandra, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 273 Acacia St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y2ZM</b> Amount of Each Disbursement this Period 1000.00 non-contribution account <input type="checkbox"/> Memo Item
City Altadena	State CA	
Zip Code 91001-5513	Purpose of Disbursement Fundraising Event Consulting	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:	

Full Name (Last, First, Middle Initial) <b>B. VistaPrint</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 95 Hayden Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y306:</b> Amount of Each Disbursement this Period 28.97 non-contribution account <input type="checkbox"/> Memo Item
City Lexington	State MA	
Zip Code 02421-7942	Purpose of Disbursement Printing	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:	

Full Name (Last, First, Middle Initial) <b>C. WeWork Apollo</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 810 7th St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499Y3EN</b> Amount of Each Disbursement this Period 450.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-3610	Purpose of Disbursement Rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1478.97
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)

### A. WeWork Apollo

Mailing Address 810 7th St NE

City  
Washington

State  
DC

Zip Code  
20002-3610

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	8

FEC Identification Number

**C**

Transaction ID : VNV499Y3EP  
Amount of Each Disbursement this Period

450.00

Memo Item non-contribution account

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	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

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

450.00

212198.31

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Amount: 2250.00
Transaction ID: VNV499XHQ10
Date of Disbursement or Obligation: 08/02/2018
Name of Federal Candidate: VUKMIR, LEAH, ,
Disbursement For: Primary

Full Name of Payee: Facebook
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Amount: 750.00
Transaction ID: VNV499XHGX1
Date of Disbursement or Obligation: 08/03/2018
Name of Federal Candidate: VUKMIR, LEAH, ,
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures ..... 3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature

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

Form/Schedule: SE

Transaction ID : VNV499XHQ10

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XHGX1

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Office Sought: Senate
Disbursement For: Primary
Amount: 750.00
Transaction ID: VNV499XHQY9
Date of Disbursement or Obligation: 08/04/2018

Full Name of Payee: Facebook
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Office Sought: Senate
Disbursement For: Primary
Amount: 750.00
Transaction ID: VNV499XJ0V4
Date of Disbursement or Obligation: 08/05/2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature



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

Form/Schedule: SE

Transaction ID : VNV499XHQY9

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XJ0V4

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: WI
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: WI
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

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

Form/Schedule: SE

Transaction ID : VNV499XJ0W2

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XJ0X0

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park State: CA Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Support: Oppose
Office Sought: Senate State: WI
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: Primary
Date of Public Distribution/Dissemination: 08/08/2018
Amount: 750.00
Transaction ID: VNV499XJQ84
Date of Disbursement or Obligation: 08/08/2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park State: CA Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Support: Oppose
Office Sought: Senate State: WI
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: Primary
Date of Public Distribution/Dissemination: 08/09/2018
Amount: 750.00
Transaction ID: VNV499XJQ92
Date of Disbursement or Obligation: 08/09/2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,
Signature

[Electronically Filed]

Date 10/15/2018

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

Form/Schedule: SE

Transaction ID : VNV499XJQ84

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XJQ92

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 922.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,
Signature

[Electronically Filed]

Date 10 / 15 / 2018

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

Form/Schedule: SE

Transaction ID : VNV499XJRD6

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XJRE4

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) L PAC
FEC IDENTIFICATION NUMBER C C00519413

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

Full Name of Payee Facebook non-contribution account
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025-1456
Purpose of Expenditure Online Advertising
Name of Federal Candidate: McSally, Martha, , ,
Calendar Year-To-Date Per Election for Office Sought 10000.00
Disbursement For: Primary

Full Name of Payee Facebook non-contribution account
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025-1456
Purpose of Expenditure Online Advertising
Name of Federal Candidate: McSally, Martha, , ,
Calendar Year-To-Date Per Election for Office Sought 10000.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 978.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature



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

Form/Schedule: SE

Transaction ID : VNV499XJWT6

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XKD24

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: VUKMIR, LEAH, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: WI
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2988.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,
Signature

[Electronically Filed]

Date 10 / 15 / 2018

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

Form/Schedule: SE

Transaction ID : VNV499XKD16

Non-contribution account

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1220.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,
Signature

[Electronically Filed]

Date 10 / 15 / 2018

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

Form/Schedule: SE

Transaction ID : VNV499XKEE2

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XM4P1

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature

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

Form/Schedule: SE

Transaction ID : VNV499XM4N3

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XMJQ7

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park State: CA Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ] Oppose: [x]
Office Sought: [ ] House [x] Senate
District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary [ ] General
2018 [ ] Other (specify)

Full Name of Payee: Facebook
non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park State: CA Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, ,
Support: [ ] Oppose: [x]
Office Sought: [ ] House [x] Senate
District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary [ ] General
2018 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature



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

Form/Schedule: SE

Transaction ID : VNV499XMJP0

Non-contribution account

Form/Schedule: SE

Transaction ID: VNV499XNY67

Non-contribution account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

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

Full Name of Payee: Facebook non-contribution account
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025-1456
Purpose of Expenditure: Online Advertising
Category/Type:
Name of Federal Candidate: McSally, Martha, , ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: 00, State: AZ
Calendar Year-To-Date Per Election for Office Sought: 10000.00
Disbursement For: [x] Primary, [ ] General, [ ] Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate:
Support: [ ], Oppose: [ ]
Office Sought: [ ] House, [ ] Senate, District: , State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: [ ] Primary, [ ] General, [ ] Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 1889.81
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 20000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature