

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Need To Impeach

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer

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

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

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Need To Impeach

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		1488339.96
(b) Cash on Hand at Beginning of Reporting Period.....	617151.71	
(c) Total Receipts (from Line 19)	5332.00	295120.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	622483.71	1783460.12
7. Total Disbursements (from Line 31).....	365962.96	1526939.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	256520.75	256520.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Need To Impeach

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	700.00	6100.00
(ii) Unitemized	4632.00	53988.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5332.00	60088.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5332.00	60088.76
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	235025.94
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5332.00	295120.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5332.00	295120.16

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	365962.96	1526769.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	365962.96	1526769.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	170.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	170.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	365962.96	1526939.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	365962.96	1526939.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5332.00	60088.76
34. Total Contribution Refunds (from Line 28(d))	0.00	170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5332.00	59918.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	365962.96	1526769.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	235025.94
38. Net Operating Expenditures (subtract Line 37 from Line 36)	365962.96	1291743.43

**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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Need To Impeach

A. Frieder, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Santa Monica Blvd.
 City Santa Monica State CA Zip Code 90404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richard Frieder Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2020
Transaction ID : IDTA4879
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Arrow Street
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60231.99

Date of Receipt 10 / 31 / 2020
Transaction ID : INCA2868IDTA4879
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Parfitt, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Ondossagon Way
 City Madison State WI Zip Code 53719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richard Parfitt Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 03 / 2020
Transaction ID : IDTA4862
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Form/Schedule: SA11AI

Transaction ID : IDTA4879

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2868IDTA4879

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4862

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Need To Impeach

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

City Cambridge	State MA	Zip Code 02138
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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 ▼
60231.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2020

Transaction ID : INCA2835IDTA4862

Amount of Each Receipt this Period
100.00

Memo Item

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

City Madison	State WI	Zip Code 53719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2020

Transaction ID : IDTA4872

Amount of Each Receipt this Period
100.00

Memo Item

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

City Cambridge	State MA	Zip Code 02138
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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 ▼
60231.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2020

Transaction ID : INCA2848IDTA4872

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Form/Schedule: SA11AI

Transaction ID : INCA2835IDTA4862

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4872

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2848IDTA4872

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)
Need To Impeach

A. Shell, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Queens Road, Apt. 5
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 03 / 2020
Transaction ID : IDTA4863
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Arrow Street
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60231.99

Date of Receipt 10 / 04 / 2020
Transaction ID : INCA2835IDTA4863
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Shell, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Queens Road, Apt. 5
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 03 / 2020
Transaction ID : IDTA4873
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Form/Schedule: SA11AI

Transaction ID : IDTA4863

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2835IDTA4863

Total earmarked through Conduit PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IDTA4873

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Need To Impeach

A. ActBlue

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
60231.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2020

Transaction ID : INCA2848IDTA4873

Amount of Each Receipt this Period
100.00

Memo Item

B. Williamson, Stephen, , ,

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

Mailing Address 3000 Pacific Avenue

City San Francisco	State CA	Zip Code 94115
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2020

Transaction ID : IDTA4865

Amount of Each Receipt this Period
100.00

Memo Item

C. ActBlue

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
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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 ▼
60231.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2020

Transaction ID : INCA2837IDTA4865

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Form/Schedule: SA11AI

Transaction ID : INCA2848IDTA4873

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA4865

Earmarked through ActBlue

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

Form/Schedule: SA11AI

Transaction ID : INCA2837IDTA4865

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Need To Impeach

A. Williamson, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Pacific Avenue

City San Francisco	State CA	Zip Code 94115
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2020

Transaction ID : IDTA4875

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 14 Arrow Street

City Cambridge	State MA	Zip Code 02138
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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 ▼
60231.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2020

Transaction ID : INCA2853IDTA4875

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	700.00

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

Form/Schedule: SA11AI

Transaction ID : IDTA4875

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA2853IDTA4875

Total earmarked through Conduit PAC limit not affected

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2020			

FEC Identification Number

Transaction ID : EXPB2836
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2020			

FEC Identification Number

Transaction ID : EXPB2838
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2020			

FEC Identification Number

Transaction ID : EXPB2840
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2020

FEC Identification Number

C []

Transaction ID : EXPB2842

Amount of Each Disbursement this Period

[] 8.75

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2020

FEC Identification Number

C []

Transaction ID : EXPB2847

Amount of Each Disbursement this Period

[] 29.94

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2020

FEC Identification Number

C []

Transaction ID : EXPB2869

Amount of Each Disbursement this Period

[] 28.56

Memo Item

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

[] 67.25

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Need To Impeach

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 01 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : EXPB2845
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [] 0.80
Candidate Name	Category/ Type	<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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 03 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : EXPB2849
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [] 16.86
Candidate Name	Category/ Type	<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) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 08 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : EXPB2854
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [] 20.16
Candidate Name	Category/ Type	<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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 37.82
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 15 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB2871

Amount of Each Disbursement this Period

[REDACTED] 20.50

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 22 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB2867

Amount of Each Disbursement this Period

[REDACTED] 22.92

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 23 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB2865

Amount of Each Disbursement this Period

[REDACTED] 3.98

Memo Item

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

[REDACTED] 47.40

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. Center for Popular Democracy Action Fund, Inc.

Mailing Address 449 Troutman Street, Suite A

City Brooklyn State NY Zip Code 11237

Purpose of Disbursement Impeachment Outreach

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2020

FEC Identification Number

C
Transaction ID : EXPB2855
Amount of Each Disbursement this Period
50000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2020

FEC Identification Number

C
Transaction ID : EXPB2820
Amount of Each Disbursement this Period
1863.55

Memo Item

Full Name (Last, First, Middle Initial)

C. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2020

FEC Identification Number

C
Transaction ID : EXPB2843
Amount of Each Disbursement this Period
1555.50

Memo Item

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

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

53419.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. Prepaid Expense Card Solutions, Inc. (PEX)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2020

Mailing Address 462 7th Avenue, 21st Floor

City New York State NY Zip Code 10018

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB2850

Amount of Each Disbursement this Period

[REDACTED] 16.00

Purpose of Disbursement
PEX Fee

001
Category/
Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Prepaid Expense Card Solutions, Inc. (PEX)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2020

Mailing Address 462 7th Avenue, 21st Floor

City New York State NY Zip Code 10018

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB2851

Amount of Each Disbursement this Period

[REDACTED] 1493.98

Purpose of Disbursement
Credit Card Payment

001
Category/
Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Google Suite

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2020

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

FEC Identification Number

C [REDACTED]

Transaction ID : EDTB24EXPI

Amount of Each Disbursement this Period

[REDACTED] 1464.00

Purpose of Disbursement
Subscription

001
Category/
Type

Candidate Name

Memo Item

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

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

[REDACTED] 1509.98

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. Zoom Video Communications

Mailing Address 55 Almaden Blvd., 6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement Video Conference

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EDTB25EXPE
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Prepaid Expense Card Solutions, Inc. (PEX)

Mailing Address 462 7th Avenue, 21st Floor

City New York State NY Zip Code 10018

Purpose of Disbursement Credit Card Payment

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB2852
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill.com

Mailing Address 1810 Embarcadero Road

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement Subscription

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EDTB26EXPI
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Need To Impeach

Full Name (Last, First, Middle Initial) A. Prepaid Expense Card Solutions, Inc. (PEX)		Date of Disbursement MM / DD / YYYY 11 / 11 / 2020	
Mailing Address 462 7th Avenue, 21st Floor		FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10018	Transaction ID : EXPB2861
Purpose of Disbursement PEX Fee		Category/Type 001	Amount of Each Disbursement this Period 16.00
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Prepaid Expense Card Solutions, Inc. (PEX)		Date of Disbursement MM / DD / YYYY 11 / 23 / 2020	
Mailing Address 462 7th Avenue, 21st Floor		FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10018	Transaction ID : EXPB2857
Purpose of Disbursement Credit Card Payment		Category/Type 001	Amount of Each Disbursement this Period 483.00
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bill.com		Date of Disbursement MM / DD / YYYY 11 / 23 / 2020	
Mailing Address 1810 Embarcadero Road		FEC Identification Number C [REDACTED]	
City Palo Alto	State CA	Zip Code 94303	Transaction ID : EDTB27EXPI
Purpose of Disbursement Subscription		Category/Type 001	Amount of Each Disbursement this Period 483.00
Candidate Name		<input checked="" 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	499.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Need To Impeach

Full Name (Last, First, Middle Initial)

A. Prepaid Expense Card Solutions, Inc. (PEX)

Date of Disbursement

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

Mailing Address 462 7th Avenue, 21st Floor

City New York State NY Zip Code 10018

Purpose of Disbursement
Credit Card Payment

001

FEC Identification Number

C

Transaction ID : EXPB2860

Amount of Each Disbursement this Period

1493.98

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Google Suite

Date of Disbursement

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

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Subscription

001

FEC Identification Number

C

Transaction ID : EDTB29EXPE

Amount of Each Disbursement this Period

1464.00

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Zoom Video Communications

Date of Disbursement

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

Mailing Address 55 Almaden Blvd., 6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement
Video Conference

001

FEC Identification Number

C

Transaction ID : EDTB28EXPI

Amount of Each Disbursement this Period

29.98

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

1493.98

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

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NAME OF COMMITTEE (In Full)
Need To Impeach

A. Targeted Platform Media, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1291 Hollywood Avenue

City Annapolis State MD Zip Code 21403

Purpose of Disbursement Television Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2020

FEC Identification Number: C

Transaction ID : EXPB2856

Amount of Each Disbursement this Period: 308340.41

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	308340.41
TOTAL This Period (last page this line number only).....▶	365962.96