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Image# 201802209094639682

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other T	han An A	Authorize	d Commi	ttee		Office U	se Only	
1. NAME OF COMMITTEE (i		PE OR PRI	NT ▼		ample: If ty er the lines		12FE	4M5		
STARS AND	STRIPES F	OREVE	R PAC							ı
ADDRESS (number a		228 S WASH	HINGTON S	TREET						
▼ Check if d		SUITE 115								
than previo	ously	ALEXANDR	IIA				VA	22314	4	
2. FEC IDENTIFI	CATION NUME	BER ▼		CITY A			STATE A		ZIP CODE	E ▲
C C006352	243		3	. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF RE (Choose One)	PORT	(b) Monthly Report Due Or	n: 🗖	Feb 20 (M2)		May 20 (M5)	H	Aug 20 (M8)	Y (I	Nov 20 (M11) Non-Election 'ear Only) Dec 20 (M12)
(a) Quarterly R	eports:			Mar 20 (M3) Apr 20 (M4)		Jun 20 (M6) Jul 20 (M7)		Sep 20 (M9) Oct 20 (M10)	(I	Non-Election Year Only)
April 1 Quarte	5 rly Report (Q1)	(c) 12							-	
July 19 Quarte	o erly Report (Q2)	PI	?-Day ?E -Election eport for the	Н	Primary (1 Convention		_	eral (12G) cial (12S)	П	Runoff (12R)
Octobe Quarte	er 15 erly Report (Q3)			П						
Januai Year-E	y 31 nd Report (YE)	_	Ele	ection on	M M		Y		in the State of	
Report Year C	1 Mid-Year (Non-election Only) (MY)	P	Day DST-Election Opening the opening the o		General (3	80G)	Rund	off (30R)	s	special (30S)
Termin (TER)	ation Report		Ele	ection on	M = M	/ D = D /	Y	Y	in the State of	
5. Covering Period	01	02	20	18	through	n 01	/ 31	20	18	
I certify that I have	examined this F	Report and SATTERFIE	to the bes	t of my kno	wledge an	d belief it is to	rue, correc	t and comple	te.	
Type or Print Name	of Treasurer	OATTENTIE	LD, DAVID	, , ,						
Signature of Treasu	SATTERF rer	FIELD, DAVI	D, , ,		[Electronic	ally Filed])2 / 20		2018
NOTE: Submission o	f false, erroneous	s, or incomp	olete inform	ation may s	ubject the p	erson signing	this Report	to the penalti	ies of 52 U	.S.C. § 30109
Office Use Only									FORN Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		48328.07
	(b) Cash on Hand at Beginning of Reporting Period	48328.07	
	(c) Total Receipts (from Line 19)	60365.25	60365.25
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108693.32	108693.32
	Total Disbursements (from Line 31)	64731.44	64731.44
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43961.88	43961.88
-	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	46941.92	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

I. Receipts ntributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period	Calendar Year-to-Date
Individuals/Persons Other Than Political Committees		
Than Political Committees		
(i) Itamizad (usa Schadula A)	16460.00	40400.00
(i) iternized (use scriedule A)	16460.00	16460.00
(ii) Unitemized	30969.72	30969.72
· ·	49. 49.	4 4
	47429.72	47429.72
Political Party Committees	0.00	0.00
Other Political Committees	0.00	222
(such as PACs)	0.00	0.00
	47420.72	47429.72
	47425.72	41429.12
	0.00	0.00
rty Committees	0.00	0.00
Loans Received	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	
	0.00	0.00
	0.00	0.00
	0.00	0.00
· ·	40005 50	12025 52
· · · · · · · · · · · · · · · · · · ·	12935.53	12935.53
	0.00	0.00
(non concade tie)	4 4	4 4
Levin Funds (from Schedule H5)	0.00	0.00
Levin Funds (nom concade 115)	4 4	4 4
Total Transfers (add 18(a) and 18(b))	0.00	0.00
(i)	Other Political Committees (such as PACs)	(iii) TOTAL (add Lines 11(a)(i) and (ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disburs		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Operating Expenditure (a) Allocated Federal 	/Non-Federal		Carolinal Toul to Butto		
Activity (from Sch	· ·	0.00	0.00		
(i) Federal Sha	re	0.00	0.00		
` '	Share	0.00	0.00		
(b) Other Federal Op Expenditures	perating	36688.27	36688.27		
(c) Total Operating E	expenditures	22222	20000 07		
	ii), and (b))	36688.27	36688.27		
2. Transfers to Affiliated/ Committees	•	0.00	0.00		
 Contributions to Federal Candidates/C and Other Political Co 	ommittees	0.00	0.00		
1. Independent Expendit		4 4 4	4 4 4		
(use Schedule E) Coordinated Party Ex (52 U.S.C. § 30116(d)	oenditures	28043.17	28043.17		
(use Schedule F)		0.00	0.00		
. Loan Repayments Ma	de	0.00	0.00		
. Loans Made		0.00	0.00		
(a) Individuals/Persor		0.00	0.00		
		45 45 45			
	mmittees	0.00	0.00		
(c) Other Political Constant (such as PACs)	ommittees	0.00	0.00		
(d) Total Contribution					
(add Lines 28(a),	(b), and (c))	0.00	0.00		
Other Disbursements	(Including				
Non-Federal Donations	3)	0.00	0.00		
. Federal Election Activ	ity (52 U.S.C. § 30101(20))				
(a) Allocated Federa	Election Activity				
(from Schedule F					
(i) Federal Share	L	0.00	0.00		
` '		0.00	0.00		
(b) Federal Election	Activity Paid eral Funds	000	222		
(c) Total Federal Ele		0.00	0.00		
Lines 30(a)(i), 30	(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (
23, 24, 25, 26, 27, 28	3(d), 29 and 30(c))	64731.44	64731.44		
. Total Federal Disburse					
(subtract Line 21(a)(ii) from Line 31)		04704.44			
		64731.44	64731.44		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	,		
III. Net Cor Operating E		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (from Line 11(d), p	(other than loans) age 3)	47429.72	47429.72
34. Total Contribution I (from Line 28(d))	Refunds	0.00	0.00
35. Net Contributions ((subtract Line 34 f	other than loans) rom Line 33)	47429.72	47429.72
36. Total Federal Oper (add Line 21(a)(i) a	ating Expenditures and Line 21(b))▶	36688.27	36688.27
37. Offsets to Operating (from Line 15, pag	g Expenditures e 3)	0.00	0.00
38. Net Operating Exp (subtract Line 37 f	enditures rom Line 36)	36688.27	36688.27

F	FOR LINE NUMBER:							6	OF	148	
(C	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6	17	

	Statements may not be sold or used by any person e name and address of any political committee to						
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV	ER PAC						
Full Name of Individual (Last, First, Middle Ini VARNADO, JIMMIE, W, DR.,	tial) or Full Organization Name	Date of Receipt					
Mailing Address PO BOX 426		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : A4D6811A0CEA24AD7976					
GREENSBURG	LA 70441	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
SELF EMPLOYED	PHYSICIAN	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0						
Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt					
Mailing Address 703 HIXBRIDGE RD		01 03 2018					
City	State Zip Code	Transaction ID : A1AE738BF106A42298F6					
WESTPORT	MA 02790	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer (for Individual) AMAZON INC	Occupation (for Individual) FULFILLMENT ASSOCIATE	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt					
Mailing Address 340 E 80TH ST APT 14F		01 11 2018					
City	State Zip Code	Transaction ID : A146064D54A7F4F17A33					
NEW YORK	NY 10075	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) EXECUTIVE	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	250.00						
SUBTOTAL of Receipts This Page (optional)	>	750.00					
TOTAL This Period (last page this line number	only)						

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

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MCKEE, ELLSWORTH, , , Date of Receipt Mailing Address 8052 GIOVANNI LN 16 2018 City Zip Code State Transaction ID: A590A9CCC151C4382B40 TN **OOLTEWAH** 37363 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DUFFEY, DONALD, B, , Date of Receipt Mailing Address 2246 GOVERNORS BEND RD SE 01 16 2018 City Zip Code State Transaction ID : A4496C13880E74C7586C HUNTSVILLE AL 35801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DUFFEY, DONALD, B, , Date of Receipt Mailing Address 2246 GOVERNORS BEND RD SE 16 2018 City Zip Code State Transaction ID: AF827081A638F412A925 AL HUNTSVILLE 35801 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER:						PAGE		8	OF		148
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	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

	the name and address of any political committee					
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC					
Full Name of Individual (Last, First, Middle RAMOS, MERRIAM, M, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 11254 E CICERO ST		01 18 2018				
City	State Zip Code AZ 85207	Transaction ID : ABD3BB65495824F389B				
MESA	AZ 85207	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
RETIRED	RETIRED					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	250.00					
Full Name of Individual (Last, First, Middle PRETZ, JEANIE, S, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 700 WOODROW ST		M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y				
UNIT 501 City	State Zip Code	01 22 2018				
COLUMBIA	SC 29205-1772	Transaction ID: A3FA1E8FA5937460BB37 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle		Date of Receipt				
Mailing Address 5434 E LINCOLN DR APT 44		01 22 2018				
City PARADISE VALLEY	State Zip Code AZ 85253-4118	Transaction ID : A90C16FFA5C98402585E Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optional)		1550.00				
TOTAL This Period (last page this line numb	per only)					

								9	OF		148
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8210 LAKESHORE RD		01 22 2018
City BURTCHVILLE	State Zip Code MI 48059	Transaction ID : A92C0B7F818084A5286A
	40038	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SCHALLER CORP	MANAGEMENT	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 111 STARFLOWER DR		01 22 2018
City	State Zip Code	Transaction ID : AFCB57E86C62B4D299DA
GRIFFIN	GA 30223-5799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 915 N PINE AVE		01 22 2018
City	State Zip Code	Transaction ID : AC53D3921CB8A4678B19
OKLAHOMA CITY	OK 73130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	•	2700.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CAILLOUX, KENNETH, , , Date of Receipt Mailing Address 303 SPRING MILL DR 2018 City Zip Code State Transaction ID: A4F55BE881FB34DF990B TX **KERRVILLE** 78028 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) CAILLOUX FOUNDATION **PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WILSON, JERROLD, D, , Date of Receipt Mailing Address 102 SUMMERALL DR 01 2018 City State Zip Code Transaction ID: A1FECAFD23EC94EDBA06 **MABANK** TX 75156 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HOMEMAKER **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MULLINS, WILLIAM, S., III Date of Receipt Mailing Address 10 TWIN OAKS PL 23 2018 City Zip Code State Transaction ID: A1E2F915FFBFF4063ADC MS LAUREL 39440 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HORTMAN HARLOW LAW LAWYER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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F	OR	:	PAGE	_ ′	11	OF		148			
(0	(check only one)										
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		13		14		15		16	6		17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC	
Full Name of Individual (Last, First, Middle DRIPPS, WILLIAM, F, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1404 32ND ST		01 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: A61A4823C7D0449F7A05
LAUREL	MS 39440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle RODRIGUEZ, N, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 698 EATON ST		01 24 2018
City	State Zip Code	Transaction ID : A100BE30F0E994A0CB56
MEMPHIS	TN 38120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle BEACH, NED, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 800 LORI DR		01 25 2018
City	State Zip Code	Transaction ID : A0A3D9588B584446CB16
BOONVILLE	MO 65233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional).		1600.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c Detailed Summary Page 13 14 15

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16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee							
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC							
Full Name of Individual (Last, First, Middle O'KEEFFE, WILLIAM, , , Mailing Address 820 LAGUNA HONDA BL		Date of Receipt						
		01 25 2018						
City	State Zip Code	Transaction ID: A8B5D4C63729D475F9DD						
SAN FRANCISCO	CA 94127	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
O'KEEFFE'S INC	PRESIDENT							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	500.00							
Full Name of Individual (Last, First, Middle DEPUE, PAUL, J, MR,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 6764 E HOMER BALTIMO	Mailing Address 6764 E HOMER BALTIMORE RD							
City	State Zip Code	01 25 2018 Transaction ID : AAD8CB3DD5CFE4A1FB						
HOMER	NY 13077	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle C. GARRIOTT, DAVID, K, , MD	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 19411 ADKINS FOREST	DR	01 25 2018						
City SPRING	State Zip Code TX 77379	Transaction ID : AA0F70CE755F244DD83						
	11319	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	300.00							
SUBTOTAL of Receipts This Page (optiona	l) >	1100.00						
TOTAL This Period (last page this line num	ther only)							

F	OR	LINE	:	PAGE	•	13	OF		148			
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		13		14		15		16			17	

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (IN Full) STARS AND STRIPES FORE	EVER PAC	
Full Name of Individual (Last, First, Middle MEHRER, MORRIS, B, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 18622 SE 122ND ST		01 26 2018
City ISSAQUAH	State Zip Code WA 98027	Transaction ID : A21DF1EBAFBB6486F811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual) JOSEPH S JEFFERSON & SON INC	Occupation (for Individual) CONTRACTOR	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle ZYNDA, STEPHEN, R, , Mailing Address PO BOX 69	Date of Receipt	
City WILLIAMSTON FEC ID number of contributing federal political committee.	State Zip Code MI 48895	O1 26 2018 Transaction ID : AB928BCC7ED0E41FB981 Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) CARDINAL FABRICATION INC	Occupation (for Individual) CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle HUFFMAN, CAROL, K, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2527 COPPER CREEK LN	1	01 29 2018
City CARROLLTON	State Zip Code TX 75006	Transaction ID : A083B9BABD0494BC6826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	····	5500.00
TOTAL This Period (last page this line numb	per only)	

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		13		14		15	16	;	17

	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC	
Full Name of Individual (Last, First, Middle I DUNN, WILLIAM, V, MR,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 41964 ELSMERE RD		01 29 2018
City	State Zip Code	Transaction ID: A3E28E7F4857D4758B0E
AINSWORTH	NE 69210-1752	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SELF EMPLOYED	FARMER- RANCHER	_
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle I KAPETANSKY, FRED, M, DR.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2599 SONATA DR		01 29 2018
City	State Zip Code	Transaction ID : A3FB343510D0D4F7EBF3
COLUMBUS	OH 43209-3212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) OHIO STATE UNIVERSITY	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I HUNTER, JAMES, S, MR,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 19330 BEAUFAIN ST		01 29 2018
City	State Zip Code	Transaction ID : AE267519735EB4767902
CORNELIUS	NC 28031-5531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional)		1400.00
TOTAL This Period (last page this line number	er only)	

					PAGE	1	15	OF	1	148	
(c	he	ck only	or	ıe)							
	X	11a		11b		11c		12			
		13		14		15		16			17

	nd Statements may not be sold or used by any pel g the name and address of any political committee								
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	EVER PAC								
Full Name of Individual (Last, First, Middle Lyestone, MAYNARD, M, MR,	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address 2803 E WINGER RD		01 31 2018							
City	State Zip Code	Transaction ID : AE57422C969DF4FB7A2C							
MEAD	WA 99021	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	360.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
RETIRED	RETIRED								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	410.00								
Full Name of Individual (Last, First, Middle 3.	Date of Receipt								
Mailing Address		M = M / D = D / Y = Y = Y							
City	State Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing		Amount of Each Flooript this I enou							
federal political committee.	C								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	4 4								
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt							
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City	State Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	The same of the sa							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Receipt For: Primary General	Aggregate Year-to-Date ▼								
Other (specify)									
SUBTOTAL of Receipts This Page (ontional	I)	360.00							
2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
TOTAL This Period (last page this line num	nber only)	16460.00							

Use separate schedule(s) for each category of the	FOF	R LINE	NU	MBER	:	PAGE	1	16 ()F	148	
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Detailed Summary Page	11a 11b 1							12			
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	ny information copied from such Reports and Stator commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVE	ER PAC					
A .	Full Name of Individual (Last, First, Middle Initial OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City MCLEAN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State VA	Zip Code 22102 upation (for Individual) Year-to-Date ▼ 12768.86	Date of Receipt 01			
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address City	Date of Receipt					
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼		upation (for Individual) Year-to-Date ▼	Amount of Each Receipt this Period Memo Item			
С.	Full Name of Individual (Last, First, Middle Initial Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State	zip Code Zip Code upation (for Individual) Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item			
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			12768.86			

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SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 17 OF 14							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	· — ′ —	7.00 F	□ 02					
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b					
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NAME OF COMMITTEE (In Full)											
$ \; angle$ STARS AND STRIPES FOREVEI	R PAC										
				1							
Full Name (Last, First, Middle Initial) A. PINKSTON GROUP				Date of Disbursement							
T INKSTON GROOT				M M / D D / Y Y Y Y							
Mailing Address 5270 SHAWNEE ROAD SUITE 1	02			01 02 2018							
City	Ctoto	Zin Codo									
City ALEXANDRIA	State VA	Zip Code 22312		FEC Iden	tification N	lumber					
Purpose of Disbursement				C							
PUBLIC RELATIONS AND WEBSITE MAINTENA	NCE				action ID	: B9ED37871E					
Candidate Name			Category/	Amount o	f Each Dis	sbursement this Period					
Office Sought: House Disburse	ement For:		Туре			1000.00					
Senate	Primary	General			7	7 7					
President	Other (spe	ecify) 🔻		Memo	Item						
State: District:											
Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL				Date of D	ishurseme	ent					
S. ARISTOTLE INTERNATIONAL				M M	/ D D	/					
Mailing Address 205 PENNSYLVANIA AVE SE		01	05	2018							
011		T- 0 1									
City WASHINGTON	State DC	Zip Code 20003-1164		FEC Iden	tification N	lumber					
Purpose of Disbursement				C							
COMPLIANCE DATABASE				Transaction ID : BA3FDA4186							
Candidate Name			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:		туре	1000.00							
Senate	Primary	General		4- 4- 4-							
President	Other (spe	ecify)		Memo Item							
State: District:				_							
Full Name (Last, First, Middle Initial) C. WASHINGTON INTELLIGENCE I	RLIDEAL	I		Date of D	isburseme	ent					
	JOILLA	,		M M	/ D D	/ Y Y Y Y Y					
Mailing Address 4128 PEPSI PLACE				01	08	2018					
City	State	Zip Code									
CHANTILLY	VA	20151		FEC Iden	tification N	lumber					
Purpose of Disbursement DONATION PROCESSING, CAGING, BOOKKEE	DING	<u> </u>									
Candidate Name											
Sandidate Namo			Category/ Type	Amount o	f Each Dis	sbursement this Period					
Office Sought: House Disburse	ement For:		.,,,,			1695.47					
Senate	Primary	General			, -	,					
President Pictriot:	Other (spe	ecify) 🔻		Memo Item							
State: District:											
SUBTOTAL of Disbursements This Page (optional)						3695.47					
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TOTAL This Period (last page this line number only	v)				_						

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SCHEDULE B (FEC Fo			EOD I	INIE NII	NUMBER: PAGE 18 OF 148								
ITEMIZED DISBURSEM	-		arate schedule(s)		only o		-						
LIVIIZED DIODONOLIVI	_1110		category of the Summary Page	I `	21b	22		23		26	27		
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NAME OF COMMITTEE (In Full)													
STARS AND STRIPES		PAC											
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Full Name (Last, First, Middle In	•												
A. INTERNATIONAL DATE	TA MANAGE	MENT,	INC.			Date of Disbursement							
Moiling Address 2200 WEST MA	DVET OT CHITE	202			-	M M M	/	D II	_		2018	Υ	
Mailing Address 3200 WEST MA	INNET ST. SUITE	JUZ				01 08 2018							
City	;	State	Zip Code			FEC Id	lentific	ation	Nin	mher			
AKRON		ОН	44333				ioi itilit	auor	i ivu	IIIDEI			
Purpose of Disbursement DIRECT MAIL THANK YOU PRI	NTING				\neg	C					_,		
Candidate Name										BB720I			
Candidate Name				Category Type	y/	Amoun	t of E	ach	Disb	urseme	nt this P	eriod	
Office Sought: House	Disburser	ment For:		Турс							520.14	·	
Senate		Primary	General				,			7	- 4		
President	t 📗	Other (spec	cify) 🔻			Me	emo It	em					
State: District:		ш.											
Full Name (Last, First, Middle In		Data	4 D:-!										
B. SAVANNA COMMUN		Date of Disbursement											
Mailing Address 755 SONNE DF	RIVE				\dashv	01 08 2018							
		<u> </u>		,				_					
City	!	State		FEC Id	lentific	ation	Nu	mber					
ANNAPOLIS Purpose of Disbursement		MD	21401-7120										
GENERAL MEDIA CONSULTIN	G			001	$\neg \bot$	[C]							
Candidate Name						Transaction ID : B77CA54553I Amount of Each Disbursement this Period							
				Category Type	y/	AITIOUTE OF EACH DISDUISEMENT THIS PERIOD							
Office Sought: House	Disburser	ment For:				3500.00							
Senate		Primary	General			7 7 7							
President	t [Other (spec	cify)			Memo Item							
State: District:	:4: - I)				-+								
Full Name (Last, First, Middle In C. DESERT FOX STRAT	•	ALINII CA	TIONS			Date o	f Dish	Urse	men	t			
- DESEKT FUX STRAT	LGIC COMI	VIOINICA	CNOIL			M M		D I	_		Y	Υ	
Mailing Address 5841 E CHARLE	ESTON BLVD				\neg	01		15			2018		
SUITE 230-226	ı		T										
City MT REAGAN		State NV	Zip Code 89142			FEC Id	lentific	ation	Nu	mber			
Purpose of Disbursement		INV	09142			С	-						
COMMUNICATIONS CONSULT	ING						ancas	tion	ID ·	B73846	6R70		
Candidate Name				Category	y/						nt this P	eriod	
	,			Type	Type								
Office Sought: House	Disburser		0				-			7	1000.00	,	
Senate President	,	•	Primary General Other (specify) ▼										
State: District:	`	outer (spec	y''y) ▼		Memo Item								
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SUBTOTAL of Disbursements This	Page (optional)				•					40.	5020.1	4	
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TOTAL This Period (last page this	line number only)				•	L .							

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 OF 148					48						
ITEMIZED DISBURSEMENTS	TEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the		e(s) (check only one)											
		Summary Page		2		22		23		26		27		
And information control for the Control					8a	28k		28c		29		30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar														
NAME OF COMMITTEE (In Full)														
STARS AND STRIPES FOREVER	RPAC													
<u> </u>														
Full Name (Last, First, Middle Initial) A. SOUSA, JOHN, P, , IV						Date	of D	isburs	em	ent				
						_ M =	M .		D		Y	Y	Υ	
Mailing Address 11-C TALCOTT FOREST RD						01		_	15			018		
UNIT C														
City FARMINGTON	State CT	Zip Code 06032				FEC	Ident	ificatio	n I	Numb	er			
Purpose of Disbursement				_		С								
POLITICAL STRATEGY CONSULTING							rans	action	n ID) : BA	F0D2	852A		
Candidate Name			Categ			Amou	ınt of	Each	ı Di	sburs	semen	t this F	erio	t
Office Sought: House Disburse	ment For:		Тур	n e	\dashv							3500.0	0	1
Senate	Primary	General						7		7		1 /45		
President	Other (spec	cify) 🔻				N	/lemo	Item						
State: District:					+									
Full Name (Last, First, Middle Initial) B. SARACINO, WILLIAM, , ,						Date	of D	isburs	em	ent				
							M /		D	· • /	Υ	/	Υ	
Mailing Address 3625 ANGELUS AVE						0′		_	15			2018		
City	State	Zip Code			+									
GLENDALE	CA	91208				FEC	Ident	ificatio	n I	Numb	er			
Purpose of Disbursement POLITICAL STRATEGY CONSULTING						С								
Candidate Name						Transaction ID : BF23E48547E								
Candidate Manie			Categ Typ			Amou	ınt of	Each	ı Di	sburs	semen	t this F	erio	ı
Office Sought: House Disburse	ment For:		. 71									1500.0	0	
Senate	Senate Primary General							7						
President Other (specify) State: District:						N	/lemo	Item						
Full Name (Last, First, Middle Initial)					+									_
C. ATKINSON, MAURICE, , ,						Date	of D	isburs	em	ent				
					_	M			D	/		7 I Y I	Y	
Mailing Address 695 FRIAR TUCK LN						01			15		2	018	4	
City	State	Zip Code			+	FFC	Ident	ificatio	n l	Numh	er			
MACON Purpose of Disbursement	GA	31220			_				1		-	-		
SOCIAL MEDIA CONSULTING			Γ.			C	-				\ A 125	2000		
Candidate Name			Categ	gorv/	4			action Each				'96C 4 It this F	erio	t
			Тур				-			_	-	-	-	7
Office Sought: House Disburse Senate	ment For: Primary	General					_	7				750.0	U	_
President	Other (spec					п.	4	lke ···						
State: District:	(-1	· · ·				N	/iemo	Item						
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SUBTOTAL of Disbursements This Page (optional)					•			7				5750.0	0	
TOTAL This Period (last page this line number only														7

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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER:	:	PAG	E 20 OF 148	
ITEMIZED DISBURSEMENTS			,			0.7		
		Summary Page	X 21 28		23 28c	26	27 30b	
Any information copied from such Reports and Stat	aments may	not be sold or use						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
$ \hspace{.06cm} angle$ STARS AND STRIPES FOREVE	R PAC							
Full Name (Last, First, Middle Initial)								
A. WILLIAM J. OLSON, P.C.				Date o	f Disburse	ment		
				M = M	/ D		YYY	
Mailing Address 370 MAPLE AVENUE WEST SUITE 4				01	1		2018	
City	State	Zip Code		EEC Id	lentificatio	n Number		
VIENNA	VA	22180-5615			Chillication	Trumber		
Purpose of Disbursement LEGAL FEES				C				
Candidate Name			Catananii	1		ID: B017B	32D9A8 ent this Period	
			Category/ Type	Amoun	t of Each	Disbursem	ent tris Period	
	ement For:			7 L.			1163.75	
Senate President	Other (spe	General						
State: District:	Other (spe	Solly) \		Me	emo Item			
Full Name (Last, First, Middle Initial)								
B. PARAMOUNT COMMUNICATIO	NS			Date o	f Disburse	ment		
Mailing Address FOR IX FACT MARKET CTREET	01		D / Y 2	2018				
Mailing Address 525-K EAST MARKET STREET	SUITE 114			01	ئــا اــ	2	2010	
City	State	Zip Code		FEC Id	lentificatio	n Number		
LEESBURG Purpose of Disbursement	VA	20176		C			-	
FUNDRAISING EMAIL DISTRIBUTION SERVICE					Transaction ID : BE5FCAC0D4			
Candidate Name			Category/	1			ent this Period	
Office Sought: House Disburs	ement For:		Type				706.66	
Senate Disputs	Primary	General				7	700.00	
President Other (specify)				☐ Me	emo Item			
State: District:					THE REIN			
Full Name (Last, First, Middle Initial) C. INTERNATIONAL DATA MANAGE		INIC		Date o	f Disburse	ment		
c. INTERNATIONAL DATA MANAG	CIVICIN I	, INC.		M M			YYY	
Mailing Address 3200 WEST MARKET ST. SUITE	302			01	2		2018	
City	State	Zip Code						
AKRON	OH	44333		FEC Id	lentificatio	n Number		
Purpose of Disbursement DIRECT MAIL THANK YOU PRINTING	1						:	
Candidate Name						ID : B92F7		
candidate Name			Category/ Type	Amoun	t of Each	Disbursem	ent this Period	
Office Sought: House Disburs	ement For:			T L.	-	- 45	282.51	
Senate	Primary	General			,	,		
State: District:	Other (spe	ecity) 🔻		Me	emo Item			
District.								
SUBTOTAL of Disbursements This Page (optional)					4	- 45	2152.92	
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I TOTAL This Period (last page this line number only	V)							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	•
TEMPLE DIODONOLINIO	for each category of the Detailed Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER			
Full Name (Last, First, Middle Initial) 4. U.S. POSTMASTER			Date of Disbursement
Mailing Address 4410 BROOKFIELD CORPORATE	DR		01 29 2018
CHANTILLY	State Zip Code VA 20153		FEC Identification Number
Purpose of Disbursement POSTAL EXPENSE Candidate Name			Transaction ID : BF5D968456E
Office Sought: House Disbursem	nent For:	Category/ Type	Amount of Each Disbursement this Period 915.00
Senate President	Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code		
MCLEAN Purpose of Disbursement FUNDRAISING DIRECT MAIL CREATIVE	VA 22102-3028		FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: B08E8F40852 Amount of Each Disbursement this Period
	Primary General		5800.96
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. EBERLE COMMUNICATIONS GRO	OUP		Date of Disbursement
Mailing Address 1420 SPRING HILL ROAD SUITE 4	490		01 29 2018
MCLEAN	State Zip Code VA 22102-3028		FEC Identification Number
Purpose of Disbursement DIRECT MAIL DATA CENTER Candidate Name		Category/ Type	Transaction ID : BCCC4DE6C Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	туре	5388.06 Memo Item
SUBTOTAL of Disbursements This Page (optional)			12104.02
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)	Lleo concrete cabadula/a/	FOR LINE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c 29 30b		
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NAME OF COMMITTEE (In Full)	le and address of any point	car committee to	Solicit contributions from Such committee.		
STARS AND STRIPES FOREVER	PAC				
Full Name (Last, First, Middle Initial) - HUCKABY DAVIS LISKER			Date of Disbursement		
Mailing Address 228 S WASHINGTON STREET SUITE 115			01 30 2018		
City ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number		
Purpose of Disbursement FEC COMPLIANCE AND ACCOUNTING			C Transaction ID : B2145D736B!		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	nent For: Primary General Other (specify) ▼	71.	2750.00		
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) B. SOUSA, JOHN, P, , IV			Date of Disbursement		
Mailing Address 11-C TALCOTT FOREST RD UNIT C			01 30 2018		
City S FARMINGTON	State Zip Code CT 06032		FEC Identification Number		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Purpose of Disbursement				
Candidate Name		Category/ Type	Transaction ID: BDD1F6168D Amount of Each Disbursement this Period		
Office Sought: House Disbursen Senate	nent For: Primary General		3500.00		
President State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) C. ATKINSON, MAURICE, , ,			Date of Disbursement		
Mailing Address 695 FRIAR TUCK LN			01 30 2018		
MACON	State Zip Code 31220		FEC Identification Number		
Purpose of Disbursement SOCIAL MEDIA CONSULTING Candidate Name		Category/	Transaction ID : BEBAA1AF2 Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For	Type	750.00		
Senate President	Primary General Other (specify) ▼		Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)		·····	7000.00		
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 23			GE 23 OF 148		
ITEMIZED DISBURSEMENTS			only o	one) 22	23	<u> </u>	27	
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Any information copied from such Reports and State	 ements_may	not be sold or use						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
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Full Name (Last, First, Middle Initial)								
A. FIRST VIRGINIA COMMUNITY B	ANK				Date of	Disburse	ement	
					M = M	/ D		YYYY
Mailing Address 11325 RANDOM HILL ROAD					01		31	2018
City	State	Zip Code			FEC Ide	entificatio	n Number	
FAIRFAX	VA	22030						
Purpose of Disbursement BANK CHARGES			· · ·	7	C			
Candidate Name			Cataman	.,			ID: BF90	D7D867E nent this Period
			Category Type	"	Amount	. OI Eacii	Disbuisei	nent this renod
Office Sought: House Disburse	ement For:							728.81
Senate	Primary	General				,		
State: District:	Other (sp	ecity) \blacktriangledown			Me	mo Item		
Full Name (Last, First, Middle Initial)								
B. CP DIRECT					Date of	Disburse	ement	
						/ D	D / Y	TY TY TY
Mailing Address 4600A BOSTON WAY					01		29	2018
City LANHAM	State MD	Zip Code 20706-4858			FEC Id	entificatio	n Number	
Purpose of Disbursement	IVID	20706-4636			С			
FUNDRAISING DIRECT MAIL PRINTING						nsaction	ID : B0A5	6D76304
Candidate Name Category/				/				nent this Period
Office Sought: House Dishure	mont For:		Туре					75.00
Senate	Office Sought: House Disbursement For: Senate Primary General					-		73.00
President Other (specify)								
State: District:					Ivie	mo Item		
Full Name (Last, First, Middle Initial)					5			
C.						Disburse		
Mailing Address					M = M	/ D	D / Y	YYYY
City	State	Zip Code			FEC Id	entificatio	n Number	
Purpose of Disbursement				_	С			
			L					
Candidate Name			Category	'/	Amount	of Each	Disburser	nent this Period
Office Sought: House Disburse	ement For:		Type					
Senate	Primary	General				-	7	
President Other (specify) ▼					Me	mo Item		
State: District:					LI WIG			
OUDTOTAL of Disharman in This Day of the Co								803.81
SUBTOTAL of Disbursements This Page (optional)	•••••			<u> </u>	<u> </u>			555.51
TOTAL This Period (last page this line number only	v)							36526.36

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 24 OF
FOR LINE NUMBER:
(check only one)

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148

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D40007A266D4B4FA6A5E Outstanding Balance Beginning This Period 902.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 902.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D4A50867F94394F2AA1D 1354.09 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1354.09 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL DATA CENTER EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D629CDB1E0A534A5393E 80.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 80.00 0.00 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DC570487721E246268E2 Outstanding Balance Beginning This Period 80.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 80.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code LANDOVER 20785 MD Outstanding Balance Beginning This Period Transaction ID: D324946E7B4D34D22BFE 159.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 159.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL CREATIVE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DAF23FED21F0A489A8BD 306.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 306.32 0.00 465.32 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD 20785 Transaction ID: DAA0865A952A84241B43 Outstanding Balance Beginning This Period 159.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 159.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** 19014-3201 PΑ Outstanding Balance Beginning This Period Transaction ID: DD54416031CF4433088F 244.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 244.23 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL LIST RENTAL** OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: DA8156797FD4D47E8B14 273.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 273.24 0.00 676.47 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

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

A. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):	
OMEGA LIST COMPANY	DIRECT MAIL LIST RENTAL		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			-
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 273.24			Transaction ID : D98A87E4F404B40388DF
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	
Outstanding Balance Beginning This Period 273.24 Amount Incurred This Period	Pa	yment This Period	Transaction ID : DBF7F8685DFCC4322AB7 Outstanding Balance at Close of This Period
0.00		0.00	273.24
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUIT			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period 5207.51			Transaction ID : DE7AF940B432046A9805
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5207.51
SUBTOTALS This Period This Page (optional)		>	5753.99
TOTALS This Period (last page this line number of	7 7		
TOTAL OUTSTANDING LOANS from Schedule C	7 7		
ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page only) ▶	

Amount Incurred This Period

Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** VA 22102 Transaction ID: D6559BDE95FDC440AB0C Outstanding Balance Beginning This Period 4645.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4645.05 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** РΑ 19014-3201 Outstanding Balance Beginning This Period Transaction ID: D26DA05EEE5CC4FA5B7E 244.23 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 244.23 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING CP DIRECT** Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM MD20706-4858 Outstanding Balance Beginning This Period Transaction ID: D341301CA40354C00B5E 295.90

0.00 295.90	0.00			
1) SUBTOTALS This Period This Page (optional)	4889.28			
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Payment This Period

Outstanding Balance at Close of This Period

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: DB8D9D5CFBE2B498DAE3 Outstanding Balance Beginning This Period 295.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 295.90 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code LANDOVER 20785 MD Outstanding Balance Beginning This Period Transaction ID: DB3A9E4511F0D43FE9F0 2703.03 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2703.03 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D2222F8088593420F9DC 306.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 306.32

Excluding Loans

(Use separate schedule(s) for each numbered line)

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

A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL PRINTING		
CP DIRECT			
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	_
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period			Transaction ID: D19BCAB499338444FAC8
5030.22			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		5030.22	0.00
B. Full Name (Last, First, Middle Initial) of Debtor of			Nature of Debt (Purpose):
EBERLE COMMUNICATIONS G	ROUP		DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE	490		
City	State	Zip Code	_
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID: DE988E54C6E0149888FD
80.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	-	80.00	0.00
C. Full Name (Last, First, Middle Initial) of Debtor ZIP MAILING SERVICES, INC.	Nature of Debt (Purpose): DIRECT MAIL PRINTING		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	_
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D9A011C1828444FDBAD5
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	159.00
SUBTOTALS This Period This Page (optional)		>	159.00
TOTALS This Period (last page this line number of			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only) ▶	7 7 7

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL CREATIVE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D4FE27CCE97DD469AA86 Outstanding Balance Beginning This Period 306.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 306.32 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** 19014-3201 PΑ Outstanding Balance Beginning This Period Transaction ID: DA0FBCA46033F4EB4A1F 244.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 244.23 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING CP DIRECT** Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM MD20706-4858 Outstanding Balance Beginning This Period Transaction ID: D114C843C5CFE45C9A79 295.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 295.90 550.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING **ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE State Zip Code **ASTON** PΑ 19014-3201 Transaction ID: D028535DA69314A7A905 Outstanding Balance Beginning This Period 4151.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4151.87 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DEEABF36B872A426D815 483.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 483.53 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL DATA CENTER EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D4E7E9BCDB66F4648AEA 52.48 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 52.48 4635.40 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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

A Full Name (Last First Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			DIRECT MAIL POSTAGE/MAILHOUSE
VALTIVI			
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period			Transaction ID : DBBAF873E56134D09B8A
4401.61			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	0.00		4401.61
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE	± 490		
City	State	Zip Code	
City MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : DBDBD293784384EAAB47
200.95			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00			200.95
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP, INC.			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL RD. #490			
City	State	Zip Code	_
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DED085D8535BB4DB6A66
0.00			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
5.60		0.00	5.60
SUBTOTALS This Period This Page (optional)		>	4608.16
TOTALS This Period (last page this line number of	only)	>	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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X	10

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

A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITI	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID: D3D673C84A57D451BB43
0.00			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
21.43	0.00		21.43
B. Full Name (Last, First, Middle Initial) of Debtor		VC	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
EBERLE COMMUNICATIONS G	ROUP, II	NC.	DIRECT WAIL DATA CENTER
Mailing Address 1420 SPRING HILL RD. #490			
City	State	Zip Code	_
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D8C1AD21D89F94B55AA1
0.00			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
5.60 0.00		5.60	
	0 111	, , , , , , , , , , , , , , , , , , , ,	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			_
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period			Transaction ID : D9AEE012B437C486DB31
0.00			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
254.60		254.60	0.00
SUBTOTALS This Period This Page (optional)			27.03
TOTALS This Period (last page this line number of			7 7 7
TOTAL OUTSTANDING LOANS from Schedule C			
TOTAL OUTSTANDING LOANS HOTE Schedule C	, (last page 0	······································	1 1 1 1 1 1 1 1 1 1
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Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 State Zip Code **MCLEAN** VΑ 22102 Transaction ID: DADE0E8748AB641F88E8 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.60 5.60 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D2DD79692D30F4D23A3C 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 233.72 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL DATA CENTER EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: D0AEE02F3D65D4B81992 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 5.60 0.00 244.92 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
CAMPAIGN FUNDING DIRECT			DIKEOT WINE NOTING!
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D24ED4F87A1204D2EBAD
0.00			
7 7			Outstanding Palance at Class of This Paviad
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
21.43		0.00	21.43
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):
VALTIM			DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809			-
1095 VENTURE DR			
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period			Transaction ID: D65645BB8D01C44E4932
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
91.62		0.00	91.62
31.02		0.00	31.02
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
EBERLE COMMUNICATIONS GROUP, INC.		DIRECT MAIL DATA CENTER	
Mailing Address 1420 SPRING HILL RD #490			_
Mailing Address 1420 SPRING HILL RD. #490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D67BC2C0377EF43468B4
0.00			
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
5.60		0.00	5.60
			110.05
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C	(last page o	only) ▶	
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Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D1806221455AE4B3B8D5 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D2444F67F4C7647879A5 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 233.72 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D14EE7A656CEF45E0B4F 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 346.77 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DD78F75C4ECA742D5BBB Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21.43 21.43 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D102E9DB4F6A14FE8885 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 233.72 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D119D60642EF84616A08 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 276.58 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D3446C5E6DDB54E7088F Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D978F6BDB39654BA5848 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21.43 21.43 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D5A1AEC35559B4A02B8A 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 134.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period 0.00			Transaction ID: DC0D1925BD35D48D1BBD
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
91.62		0.00	91.62
B. Full Name (Last, First, Middle Initial) of Debtor of EBERLE COMMUNICATIONS G Mailing Address 1420 SPRING HILL RD. #490		NC.	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
	100	7. 0. 1	
City MCLEAN	State VA	Zip Code 22102	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 5.60 C. Full Name (Last, First, Middle Initial) of Debtor VALTIM Mailing Address P.O. BOX 809	· · · · ·	yment This Period 0.00	Outstanding Balance at Close of This Period 5.60 Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
1095 VENTURE DR			
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 233.72	Pa	yment This Period 0.00	Outstanding Balance at Close of This Period 233.72
SUBTOTALS This Period This Page (optional)			330.94
) TOTALS This Period (last page this line number of	וויע(אוויע)		
) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	only) 🕨	
) ADD 2) and 3) and carry forward to appropriate li	ne of Summ	ary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: DC9FE662DFC7E4CCFA72 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 233.72 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: DC193719F1A2C4B7E9B9 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: DB9310EF9F2A249FBB9F 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 233.72 233.72 0.00 559.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D52E1DCB1A8904F43889 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DE164E5488C1846989B3 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.60 5.60 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: D1BE15C2E078A4649BBF 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 233.72 0.00 233.72 330.94 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D76E2D6122FBA4BEB94E Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D6ED99D8511814FFF9FC 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21.43 21.43 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: D34117548CD5045EB857 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 5.60 0.00 118.65 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D8BE6D1D177014E7AB95 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 233.72 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D67FF41EE6C674855BE6 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 91.62 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D5B9791EF48DA41D98AF 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 346.77 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER		
EBERLE COMMUNICATIONS			
Mailing Address 1420 SPRING HILL ROAD SUITE			
City	State	Zip Code	-
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D37E77B5AAB4C493994A
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
5.60	7	0.00	5.60
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
VALTIM			DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809			
1095 VENTURE DR City	State	Zip Code	-
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period			Transaction ID : DC4403AF503354A259EC
0.00			
Amount Incurred This Period	Outstanding Balance at Close of This Period		
91.62	7	0.00	91.62
C. Full Name (Last, First, Middle Initial) of Debtor VALTIM	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City	State	Zip Code	_
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period			Transaction ID : DE187654453AD494B859
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
233.72		0.00	233.72
SUBTOTALS This Period This Page (optional)		>	330.94
TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule O	C (last page o	nly)	
ADD 2) and 3) and carry forward to appropriate I	line of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
LAMAR	BILLBOARD ADVERTISEMENT PLACEMENT		
LAWAN			
Mailing Address 1121 S. BOYLE AVE.			
City	State	Zip Code	
LOS ANGELES	CA	90023-2150	
Outstanding Balance Beginning This Period			Transaction ID : DD9C89376CEDA4706BEF
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
6790.00		0.00	6790.00
0700.00	7	7	7
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITI	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : DD32E6020986844828A6
			Transaction ID: DD32E0020960644626A6
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
48.24		0.00	48.24
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION		0.00	Nature of Debt (Purpose): ONLINE MAILSHOP
C. Full Name (Last, First, Middle Initial) of Debtor	ONS	0.00	Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION	ONS	0.00 Zip Code	Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S	ONS SUITE 114		Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S City LEESBURG	SUITE 114	Zip Code	Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S City	SUITE 114	Zip Code	Nature of Debt (Purpose): ONLINE MAILSHOP
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S City LEESBURG Outstanding Balance Beginning This Period	SUITE 114 State VA	Zip Code	Nature of Debt (Purpose): ONLINE MAILSHOP
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S City LEESBURG Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	SUITE 114 State VA	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET ST	SUITE 114 State VA	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET ST	SUITE 114 State VA Pay	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B Outstanding Balance at Close of This Period 24.51
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET S City LEESBURG Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	SUITE 114 State VA Pay	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET ST	SUITE 114 State VA Pay	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B Outstanding Balance at Close of This Period 24.51
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET ST	State VA Pay	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID: D802CA62CF86F471187B Outstanding Balance at Close of This Period 24.51
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION Mailing Address 525-K EAST MARKET STREET ST	SUITE 114 State VA Pay Only)	Zip Code 20176	Nature of Debt (Purpose): ONLINE MAILSHOP Transaction ID : D802CA62CF86F471187B Outstanding Balance at Close of This Period 24.51

Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DD9CCEE431C104437BD8 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 48.24 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DE8439095666C4B9AB00 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 24.51 0.00 24.51 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL DISTRIBUTION** PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DB3AD96536A56499993B 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1.89 0.00 74.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D071EE58BFB0C4A778E5 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 48.24 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: D921E802C466840D2922 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1.89 1.89 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DBB2E507B2DEB4D0A9A7 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 48.24 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 State Zip Code **LEESBURG** VΑ 20176 Transaction ID: DCB5AFD64215243E3B88 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 24.51 24.51 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DC2326436223B422D8F5 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 48.24 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: D274DD4FC98DB4BC4A68 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1.89 0.00 74.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):		
PARAMOUNT COMMUNICATION	ONLINE MAILSHOP		
Mailing Address	_		
Mailing Address 525-K EAST MARKET STREET S			
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D7B68BA56C1814154847
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
1.89	-	0.00	1.89
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
PARAMOUNT COMMUNICATION	NS		ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	SUITE 114		
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : DEE717DE1BC3246C2BCF
0.00			
Amount Incurred This Period	Outstanding Balance at Close of This Period		
24.51	1 1 7	0.00	24.51
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period	·		Transaction ID : D25665D5799954CBE947
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
48.24	1 1 7	0.00	48.24
l			
SUBTOTALS This Period This Page (optional)		>	74.64
TOTALS This Period (last page this line number			
TOTAL OUTSTANDING LOANS from Schedule C	7 7		
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Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 Zip Code State **LEESBURG** VA20176 Outstanding Balance Beginning This Period Transaction ID: D884BC5A21A1749BF8E4 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 24.51 24.51

B. Full Name (Last, First, Middle Initial) of Debtor of PARAMOUNT COMMUNICATION	Nature of Debt (Purpose): ONLINE MAILSHOP		
Mailing Address 525-K EAST MARKET STREET S	UITE 114		
City	State	Zip Code	-
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : DE16ABEFC88E040F3B8F
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
24.51	7	0.00	24.51
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATION	Nature of Debt (Purpose): ONLINE MAILSHOP		
Mailing Address 525-K EAST MARKET STREET S	UITE 114		
City	State	Zip Code	-
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D0E6B299D8AAF4938B42
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
1.89		0.00	1.89
SUBTOTALS This Period This Page (optional)		>	50.91
TOTALS This Period (last page this line number of	nly)	>	7
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7
ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	
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2)	TOTALS This Period (last page this line number only)		_	_	7	_	_	7	_	_	_	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		Ξ	_	-	_	_	7	_	I	_	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	L	_	_	-	_	_		_	_	_	

Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D27DDD3BE8A5248FEB16 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 48.24 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DF32276C6C2E743099F8 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1.89 1.89 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: D5134B310B0144E26B62 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1.89 0.00 52.02 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 53 OF 148 FOR LINE NUMBER: (check only one)

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· · · · · · · · · · · · · · · · · · ·			
A. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): ONLINE AGENCY FEE
CAMPAIGN FUNDING DIRECT			
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	_
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D47B5A388D570404F91D
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
48.24	7	0.00	48.24
B. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose):
PARAMOUNT COMMUNICATION	NS		ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET:	SUITE 114		-
3 323 K EAST MARKET STREET			
City LEESBURG	State VA	Zip Code 20176	
	VA	20170	
Outstanding Balance Beginning This Period			Transaction ID : DB49731F4BE534ADD9DE
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
24.51		0.00	24.51
C. Full Name (Last, First, Middle Initial) of Debto PARAMOUNT COMMUNICATION			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET	SUITE 114		
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D81912A4609A54A88801
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
1.89		0.00	1.89
7 7	117	7 1 7	74.64
1.89) SUBTOTALS This Period This Page (optional)		7 1 7	
) SUBTOTALS This Period This Page (optional)			
) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	only)	· · · · · · · · · · · · · · · · · · ·	
7 7	only)		

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 54 OF 148 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): ONLINE MAILSHOP		
PARAMOUNT COMMUNICATION	GIVENIVE WATER TO		
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	
Outstanding Balance Beginning This Period			Transaction ID : DCA878CBFCEA64294B0B
0.00			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
24.51		0.00	24.51
B. Full Name (Last, First, Middle Initial) of Debtor of PARAMOUNT COMMUNICATION			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	UITE 114		
City LEESBURG	State VA	Zip Code 20176	
Outstanding Balance Beginning This Period			Transaction ID : DA859EDF83FA04DDCA2F
0.00			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
1.89		0.00	1.89
C. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATIO			Nature of Debt (Purpose): EMAIL DISTRIBUTION
Mailing Address 525-K EAST MARKET STREET S	UITE 114		-
City LEESBURG	State VA	Zip Code 20176	
Outstanding Balance Beginning This Period	1		Transaction ID : DD324971A8B794A05BAE
0.00			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
24.51	1 1 7	0.00	24.51
SUBTOTALS This Period This Page (optional)		>	50.91
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate lin			

Excluding Loans

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(Use separate schedule(s) for each numbered line)

PAGE 55 OF FOR LINE NUMBER: (check only one)

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148

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: D71FB991EA60C4AE4A52 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z

City	State	Zip Code		
LANDOVER	MD	20785		
Outstanding Balance Beginning This Period 0.00				Transaction ID : D37F7955FFDA045B7B36
Amount Incurred This Period 150.00	Pa	yment This Period	0.00	Outstanding Balance at Close of This Period 150.00
C. Full Name (Last, First, Middle Initial) of Debto OMEGA LIST COMPANY	r or Creditor			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490				
City	State	Zip Code		
MCLEAN	VA	22102		
Outstanding Balance Beginning This Period 0.00				Transaction ID : DB3599CB6858D47F8AE3
Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
152.24			0.00	152.24
SUBTOTALS This Period This Page (optional)			>	350.48
TOTALS This Period (last page this line number	only)		>	
TOTAL OUTSTANDING LOANS from Schedule	C (last page c	only)		

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 56 OF 148 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE		
OMEGA LIST COMPANY	DIRECT WAIL LIGHT RENTADEAGHAINGE		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DE3DE2357736D480DBE9
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
152.24		0.00	152.24
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
ZIP MAILING SERVICES, INC.	or Greater		DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D653C0DAF988F40E7B5A
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
150.00	-	0.00	150.00
C. Full Name (Last, First, Middle Initial) of Debtor ZIP MAILING SERVICES, INC.	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID: DB651DF4FC798463480F
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
150.00		0.00	150.00
CURTOTALC This Powerd This Power (antisme)			452.24
) SUBTOTALS This Period This Page (optional)			TOTAL T
) TOTALS This Period (last page this line number			
) TOTAL OUTSTANDING LOANS from Schedule C			
) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 57 OF 148 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor of ZIP MAILING SERVICES, INC.	Nature of Debt (Purpose): DIRECT MAIL PRINTING		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	-
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D57D407725E0640A79DA
0.00			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
150.00	<u> </u>	0.00	150.00
B. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGN FUNDING DIRECT	r Creditor		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		
City	State	Zip Code	-
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID: DA286D6ADDFA94DD991C
0.00			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
255.26		0.00	255.26
C. Full Name (Last, First, Middle Initial) of Debtor CP DIRECT	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	1
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period 0.00			Transaction ID: DDD6AD5F18B364783928
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
279.64	1 7	0.00	279.64
SUBTOTALS This Period This Page (optional)			684.90
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate lin			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 58 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL DATA CENTER EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D90BBE9D74AB34B42AA6 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 123.15 123.15 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE City State Zip Code **RICHMOND** 23228 Outstanding Balance Beginning This Period Transaction ID: D4E996C5C4098483DAD3 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 221.22 221.22 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code **LANDOVER** MD 20785 Outstanding Balance Beginning This Period Transaction ID: D53EA9DF51A864C3DA28 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 150.00 150.00 0.00 494.37 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: D1C7B402AFA88415EB9E 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 255.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE City State Zip Code 23228 RICHMOND VA

	Outstanding Balance Beginning This Period			Transaction ID: DB1D73A8778FA460788E
	0.00 Amount Incurred This Period 221.22		ment This Period	Outstanding Balance at Close of This Period 221.22
	C. Full Name (Last, First, Middle Initial) of Debtor of EBERLE COMMUNICATIONS G Mailing Address 1420 SPRING HILL RD. #490		NC.	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
	City MCLEAN	State VA	Zip Code 22102	
	Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 123.15	Payr	ment This Period	Transaction ID : D9A12FC4D9FDF43A9880 Outstanding Balance at Close of This Period 123.15
1)	SUBTOTALS This Period This Page (optional)		>	599.63
2)	TOTALS This Period (last page this line number or	าly)	>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	
4)	ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 60 OF 148 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE		
OMEGA LIST COMPANY			
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D1866EFE07A48488E9C9
0.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
152.24		0.00	152.24
B. Full Name (Last, First, Middle Initial) of Debtor EBERLE COMMUNICATIONS (NC.	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL RD. #490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 0.00			Transaction ID : DC0BB6FCCDE92406EBF9
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
123.15	7	0.00	123.15
C. Full Name (Last, First, Middle Initial) of Debto ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
City LANDOVER	State MD	Zip Code 20785	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	Pa	yment This Period	Transaction ID : DE1118AAC1A25482AB25 Outstanding Balance at Close of This Period
	1 4		
150.00		0.00	150.00
SUBTOTALS This Period This Page (optional)			425.39
TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D68277CEFFF6C48F889A Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 255.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: D98C2D02D83F743A0892 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 123.15 123.15 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D4DE0AF64148A4250B86 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.26 0.00 255.26 633.67 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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X 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL CREATIVE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DC9B866A29A834C0EBB2 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 255.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DCD7B5B44E805423EB64 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 123.15 123.15 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE City State Zip Code **RICHMOND** 23228 VA Outstanding Balance Beginning This Period Transaction ID: DDC3D33A8781E4C49A2B 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 221.22 221.22 599.63 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: D45B297B9127C40B3B21 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 279.64 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP, INC. Mailing Address 1420 SPRING HILL RD. #490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DEC5BD8B371B04ADAA91 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 123.15 123.15 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR City State Zip Code **RICHMOND** 23228-6500 VA Outstanding Balance Beginning This Period Transaction ID: D2FFF3E027AB04A12958 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 221.22 221.22 624.01 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):	
EBERLE COMMUNICATIONS G	DIRECT MAIL DATA CENTER			
Mailing Address 1420 SPRING HILL RD. #490				
City State Zip Code		_		
MCLEAN	VA	22102		
Outstanding Balance Beginning This Period			Transaction ID : DBF2DF7F43CAE420FB6B	
0.00				
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
123.15				
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):	
COLORTREE GROUP, INC.			DIRECT MAIL MATERIALS	
Mailing Address 8000 VILLA PARK DRIVE				
City	State	Zip Code	_	
RICHMOND	VA	23228		
Outstanding Balance Beginning This Period			Transaction ID : D150A60BC5B3E4912BB3	
0.00				
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
221.22	· · · · ·	0.00	221.22	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP, INC.			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER	
Mailing Address 1420 SPRING HILL RD. #490				
City	State	Zip Code		
MCLEAN	VA	22102		
Outstanding Balance Beginning This Period			Transaction ID : D43E5AEFDDDED4463AB2	
0.00				
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period	
123.15		0.00	123.15	
SUBTOTALS This Period This Page (optional)			467.52	
TOTALS This Period (last page this line number only)				
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE State Zip Code RICHMOND VΑ 23228 Transaction ID: D4D3ADAF8639442128FE Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 221.22 221.22 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM 20706-4858 MD Outstanding Balance Beginning This Period Transaction ID: DF72EDF44986D4E4DA8A 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 279.64 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM MD20706-4858 Outstanding Balance Beginning This Period Transaction ID: D1AD3A6AE1E9749F79F1 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 279.64 0.00 279.64 780.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			-	
City State Zip Code		Zip Code		
MCLEAN	VA	22102		
Outstanding Balance Beginning This Period			Transaction ID : D884ACEC69EF040E6BED	
0.00				
Amount Incurred This Period	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
152.24		0.00	152.24	
B. Full Name (Last, First, Middle Initial) of Debtor OMEGA LIST COMPANY	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE			
Mailing Address 1420 SPRING HILL ROAD SUITE 490				
City MCLEAN	State VA	Zip Code 22102		
Outstanding Balance Beginning This Period	·		Transaction ID : DA725793F4A0D4B5D8F7	
0.00				
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
152.24 0.00			152.24	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL PRINTING	
Mailing Address 6304 SHERIFF RD. STE Z			_	
City	State	Zip Code		
LANDOVER	MD	20785		
Outstanding Balance Beginning This Period			Transaction ID : D78BA0FB075CE4C3BBC1	
0.00 Amount Incurred This Period Payment T		yment This Period	Outstanding Balance at Close of This Period	
933.32		0.00	933.32	
) SUBTOTALS This Period This Page (optional)			1237.80	
) TOTALS This Period (last page this line number only)				
TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
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Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D7A3E05D24C5E47CDB79 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 255.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE City State Zip Code **RICHMOND** 23228 Outstanding Balance Beginning This Period Transaction ID: DDD07E56D467D484F99C 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 221.22 221.22 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code **LANDOVER** MD 20785 Outstanding Balance Beginning This Period Transaction ID: D7DEB1FC3A6624A2B947 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 150.00 150.00 0.00 626.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 68 OF 148 FOR LINE NUMBER: (check only one)

9 **X** 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			-
City	State	Zip Code	-
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period	1	-1	Transaction ID : DA7338295F31F4493B58
0.00			
Amount Incurred This Period	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period
279.64	0.00		279.64
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	-
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D55A2DF0CD7ED408081B
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
150.00 0.00			150.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE	-		
City	State	Zip Code	-
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period 0.00			Transaction ID: D2E74645E0C7B4D35824
Amount Incurred This Period	7 7		Outstanding Balance at Close of This Period
255.26	0.00		255.26
SUBTOTALS This Period This Page (optional)			684.90
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶			

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 69 OF 148

A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL MATERIALS		
COLORTREE GROUP, INC.	DIRECT WATERIALS		
Mailing Address 8000 VILLA PARK DRIVE			
City State Zip Code			
RICHMOND	VA	23228	
Outstanding Balance Beginning This Period			Transaction ID: D4509162EDDBA4E63880
0.00			
Amount Incurred This Period	Amount Incurred This Period Payment This Period		
221.22	1 1 7	0.00	221.22
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : D0EA0DD9F7B6044CFB67
0.00			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
152.24 0.00			152.24
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period			Transaction ID: D2B70CD9F46634BBAAA0
0.00		Outstanding Palance at Class of This Pariod	
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
279.64	7	0.00	279.64
SUBTOTALS This Period This Page (optional)			653.10
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule (
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: D873FF63B0F994219968 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 279.64 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: DD75B34F6EA7F48CBB5E 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 152.24 152.24 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D9421910FE55B426BA9F 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.26 0.00 255.26 687.14 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 71
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: D2482A02C64FB4EA4BF4 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 279.64 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM 20706-4858 MD Outstanding Balance Beginning This Period Transaction ID: DBBA07959651944BDA08 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 279.64 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP, INC. Mailing Address 8000 VILLA PARK DRIVE City State Zip Code **RICHMOND** 23228 VA Outstanding Balance Beginning This Period Transaction ID: D255F1A703B344C17807 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 221.22 221.22 780.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 72 OF 148 FOR LINE NUMBER: (check only one)

9 **X** 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D59C32F80DAB241A38B1
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
150.00		0.00	150.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DB633ED2A78024064B6A
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
152.24 0.00			152.24
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP, INC.			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL RD. #490			
City	State	Zip Code	-
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 0.00	Transaction ID : D6FF1AB3CC9244198AED		
Amount Incurred This Period	7 7		
123.15	1 7	0.00	Outstanding Balance at Close of This Period 123.15
SUBTOTALS This Period This Page (optional)	425.39		
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate li			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Outstanding Balance Beginning This Period

Amount Incurred This Period

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 73 OF
FOR LINE NUMBER:
(check only one)

	9
×	10

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VA 22102-3028 Transaction ID: D62E36EECC63646F29F2 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 255.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 Outstanding Balance Beginning This Period Transaction ID: D2226CE03060D47C3BDB 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 152.24 152.24 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code

		L	_	_	7	_	_	7		
1)	SUBTOTALS This Period This Page (optional)		I	I	7	I		7	407.5	0
2)	TOTALS This Period (last page this line number only)		Ξ	Ξ	-	Ξ	Ξ	-	46941.9	2
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		_	_	-	Ξ	_	7	0.0	0
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		_	_	7	_	_	7	46941.9	2

Payment This Period

Outstanding Balance at Close of This Period

TEMIZED INDEPENDENT EXPENDITURES			PAGE 74 OF 148
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC		FEC IDENTIFICATION NUMBER ▼
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee CP DIRECT		☐ Memo I	
			11 29 7 2017
Mailing Address 4600A BOSTON WAY			Amount
City	State	Zip Code	295.9
LANHAM	MD	20706-4858	Transaction ID : EC76F2AA490BB4049A07 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type	01 08 2018
Name of Federal Candidate:		Support	Office Sought: House District:
BALDWIN, TAMMY, , ,		X Oppose	President X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	2880	Disbursement For: ☐ Primary
Full Name of Payee		☐ Memo I	
EBERLE COMMUNICATIONS GROU	JP		11 29 / Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amount
	I a	T =	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : E65D4BE390D094C8C96B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	5676.44	Disbursement For: ☐ Primary X General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			375.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized		
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 75 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee SAVANNA COMMUNICATIONS		☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 755 SONNE DRIVE				01 02 2018
			/	Amount
City	State	Zip Code		2880
ANNAPOLIS Purpose of Expenditure	MD	21401-7120		Transaction ID: EF15444CE20C34FE6983 Date of Disbursement or Obligation
RADIO ADVERTISEMENT PLACEMENT/PRODUC	TION	Category/ Type		01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose	ПР	resident X Senate State: WI
Calendar Year-To-Date		2880		ement For: Primary X General
Per Election for Office Sought	7 7	2000	2018	Other (specify) ▶
Full Name of Payee CAMPAIGN FUNDING DIRECT		X Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		4	Amount
City	State	Zip Code		21.43
MCLEAN	VA	22102-3028		Transaction ID : E774985C84268471CAB9 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose	P	resident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	3486.97	Disburs 2018	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. [2880.00
(a, 002101112011120111201112011120111211121				2000.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led1 -	M	/ D D / Y Y Y Y Y
Signature		Date	9 02	20 2018

PAGE 76 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item EBERLE CÓMMUNICATIONS GROUP, INC. 01 10 2018 Mailing Address 1420 SPRING HILL RD. #490 Amount State Zip Code 5.6 City 22102 Transaction ID: ED0062450C6AC4B79826 **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL DATA CENTER Type Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 3486.97 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item VALTIM 10 2018 01 Mailing Address P.O. BOX 809 Amount 1095 VENTURE DR 233.72 City State Zip Code **FOREST** Transaction ID: E7A415442CE1848BE918 VA 24551-0809 Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL MAILSHOP Type Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 3486.97 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES	;			-	PAGE 77	OF 148
NAME OF COMMITTEE (In Full)						4 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC				ENTIFICATION	ON NUMBER ▼
				C	C00635243	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y " Y " Y " Y
Full Name of Payee VALTIM		✗ Memo	Item Date	of Public	Distribution/	Dissemination
VALITIVI				01 /	10 /	2018
Mailing Address P.O. BOX 809			Amo	unt		
1095 VENTURE DR			Aine	, and		
City	State	Zip Code		7		91.62
FOREST	VA	24551-0809			D:EF0DE26 sement or C	5E240F46FAB2D Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M /	D D /	Y
Name of Federal Candidate:		Support	Office Sou	ght:	House	District:
BALDWIN, TAMMY, , ,		x Oppose	Pres	ident 🗶	Senate	State: WI
Calendar Year-To-Date			Disburseme	ent For:	Primary	X General
Per Election for Office Sought	7	3486.97	2018	Other (spe	ecify) ▶	
Full Name of Payee VALTIM		☐ Memo	Item Date	e of Public	D D /	Dissemination
Mailing Address BO BOY 800				01	10	2018
P.O. BOX 809			Amo	ount		
City	State	Zip Code	-			254.6
FOREST	VA	24551-0809	Tra			41DC944437EA18 Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01	10	2018 Y
Name of Federal Candidate:		Support	Office Sou	ght:	House	District:
BALDWIN, TAMMY, , ,		x Oppose	Pres	ident 🗶	Senate	State: WI
Calendar Year-To-Date Per Election for Office Sought	7	3486.97	Disburseme	ent For: [Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures	ires		• [Other (spe	Edity) P	254.60
				,		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Date	e 02	20	/ Y Y Y 201	8
Cianatura		_ Daid				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 78 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		▼ Memo	Item Da	ate of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Aı	mount
City	State	Zip Code	— I	48.24
MCLEAN	VA	22102-3028		ransaction ID : EEEF4A02CA74A4929A12 ate of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
BALDWIN, TAMMY, , ,		X Oppose	Pr	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	3561.61	Disburse 2018	ment For:
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET S	UITE 114		Aı	mount
City	State	Zip Code	<u> —</u> Г	24.51
LEESBURG	VA	20176		ransaction ID : E3526F658049E412094A ate of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ought: House District:
BALDWIN, TAMMY, , ,		X Oppose	Pr	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	3561.61	Disburse 2018	ment For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures			• •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		ьГ	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 02	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 79 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	√C			C C00635243
				C 000033243
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Da	te of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 2018
Mailing Address 525-K EAST MARKET STREET SI	JITE 114		An	nount
City	State	Zip Code	— г	1.89
LEESBURG	VA	20176	L L	ansaction ID : E545F2635EFCA402D83B
Purpose of Expenditure	V/\	20.1.0		te of Disbursement or Obligation
ONLINE MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
BALDWIN, TAMMY, , ,		x Oppose	Pre	esident 🗶 Senate State: WI
Calendar Year-To-Date			Disburser	ment For: Primary X General
Per Election for Office Sought	7-1-1-7-	3561.61	2018	Other (specify) ▶
Full Name of Payee CAMPAIGN FUNDING DIRECT		∡ Memo	Item Da	te of Public Distribution/Dissemination
M 311				01 22 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		An	nount
City	State	Zip Code		255.26
MCLEAN	VA	22102-3028		ransaction ID : E183A700AD73A4440964 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
BALDWIN, TAMMY, , ,		X Oppose		esident X Senate State: WI
Colondor Voca To Data			Disburser	
Calendar Year-To-Date Per Election for Office Sought	7 7	5676.44	2018	Other (specify)
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	0.00
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		. •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	<u> гасы ониши</u> у Г Ш	Dat	e 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 80 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼ C C00635243
				O
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination
COLORTRÉE GROUP, INC.				01 22 7 2018
Mailing Address 8000 VILLA PARK DRIVE			Ar	mount
City	State	Zip Code	— I	221.22
RICHMOND	VA	23228		ransaction ID : E95C00E3D20A64F18859
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		ate of Disbursement or Obligation
Name of Federal Candidate:		Support	Office So	ought: House District:
BALDWIN, TAMMY, , ,		x Oppose		esident X Senate State: WI
Calendar Year-To-Date			Disburse	ment For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	5676.44	2018	Other (specify) ▶
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination
CP DIRECT				01 22 7 2018
Mailing Address 4600A BOSTON WAY			٨٢	mount
			AI	mount
City	State	Zip Code	ļĻ	279.64 ransaction ID : EE6718C8C2D4B45ADA22
LANHAM	MD	20706-4858		ate of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sc	ought: House District:
BALDWIN, TAMMY, , ,		x Oppose	Pre	esident Senate State: WI
Calendar Year-To-Date		5676.44		ment For: Primary 🗶 General
Per Election for Office Sought	7 1 7	3070.44	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	}		. ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	uroc		. г	
(b) 30BTOTAL of Officernized independent Experional	165		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 81 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Mam / Dad / Yayayay
Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC.	X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL RD. #490				01 22 7 2018
				Amount
City	State	Zip Code		123.15
MCLEAN Description	VA	22102		Transaction ID : E9569CA365E964A7D9C3 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose		President State: WI
Calendar Year-To-Date		5676.44	Disbur	sement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7	33.3.1.1	2010	Other (specify) ▶
Full Name of Payee OMEGA LIST COMPANY		X Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD				01 22 2010
SUITE 490				Amount
City	State	Zip Code		152.24
MCLEAN	VA	22102		Transaction ID: E3FB4B564801745FF913 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose		President State: WI
Calendar Year-To-Date Per Election for Office Sought		5676.44	Disbur 2018	sement For:
			1	
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	roo			
(b) 30BTOTAL of Officernized independent Expenditu	165			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed]	M	M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 02	20 2010

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 82 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n L
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z				01 22 2018 Amount
City	State	Zip Code		933.32
LANDOVER	MD	20785		Transaction ID : EFF9B6F05867B42B4B3D Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 22 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose	F	President State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	5676.44	Disburs 2018	sement For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.		, wome		01 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z				
				Amount
City LANDOVER	State MD	Zip Code 20785		150 Transaction ID : E6FCE33E785ED42DBA67 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		x Oppose	F	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	5676.44	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	933.32
(b) SUBTOTAL of Unitemized Independent Expenditu	res		1	
(1, 000 000 000 000 000 000 000 000 000 0				7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 02	20 2010

	IZED INDEPENDENT EXPENDITURES	J				PAGE 83	OF 148
NAME	E OF COMMITTEE (In Full)						4 OF FORM 3X
	ARS AND STRIPES FOREVER PA	AC			C	C00635243	ON NUMBER ▼
Check	k if 24-hour report 48-hour report	New repo	ort Amends repor		M = M /	D D /	Y
Ft (ull Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo I	tem Date	of Public	Distribution/I	Dissemination 2018
М	lailing Address 1420 SPRING HILL ROAD, SUITE	± 490		Amou			2010
C	ity	State	Zip Code	$ \Gamma$			21.43
М	ICLEAN	VA	22102-3028			D: E2BC37A rsement or O	A0F5B0499AB23 Obligation
	urpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type] [M = M /	D D /	Y Y Y Y
N:	ame of Federal Candidate:		Support	Office Soug	ıht·	House I	District:
В	ROWN, SHERROD, , ,		▼ Oppose	President Presid	_	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought	7	606.97	Disburseme 2018 (ent For: Other (sp	Primary ecify) ▶	X General
	ull Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo I		of Public	Distribution/I	Dissemination 2018
M	lailing Address 1420 SPRING HILL ROAD, SUITE	<u> </u>		Amou	unt		
C	ity	State	Zip Code			1 1 4	48.24
	MCLEAN	VA	22102-3028		nsaction		CCE97D249FDA49
PI	urpose of Expenditure ONLINE AGENCY FEE		Category/ Type] [M = M /	D D /	Y
N	ame of Federal Candidate:		Support	Office Soug	jht:	House I	District:
В	ROWN, SHERROD, , ,		x Oppose	Presid		Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburseme 2018	ent For: Other (sp	Primary ecify) ▶	✗ General
	SUBTOTAL of Itemized Independent Expenditures			· [1 9		0.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		-			
(c)	TOTAL Independent Expenditures			F	-		
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidative committee) any political party committee or its	ate or authorized					
	SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	02 /	20	2018	8
-	Cianatura						

TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 84 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER	RPAC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, S	UITE 490		Amo	unt
City	State	Zip Code		255.26
MCLEAN	VA	22102-3028		saction ID : E5E7BEEAA61634799A03 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
BROWN, SHERROD, , ,		X Oppose	Presi	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disburseme	ent For: Primary X General Other (specify) ►
Full Name of Payee		X Memo		of Public Distribution/Dissemination
COLORTREE GROUP, INC.		A Weillo	item Bate	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE				01 22 2510
			Amo	unt
City	State	Zip Code		221.22
RICHMOND	VA	23228	I	nsaction ID : E344D398C2D764E88B04 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
BROWN, SHERROD, , ,		X Oppose	Presi	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1 1	2796.44	Disburseme	ent For: Primary X General Other (specify) ▶
				(4)
(a) SUBTOTAL of Itemized Independent Expendi	tures			0.00
, ,				
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· • [7 1 7 1 7
(c) TOTAL Independent Expenditures				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	<i>led]</i> Date	e 02	20 / 2018
Signature	<u> </u>		J 02	

TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 85 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P	AC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item [Date of Public Distribution/Dissemination
CP DIRECT				01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600A BOSTON WAY			,	Amount
City	State	Zip Code		279.64
LANHAM	MD	20706-4858		Transaction ID : E3BE9112F64B9446D9CA Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
BROWN, SHERROD, , ,		x Oppose		President State: OH
Calendar Year-To-Date		2700 44		ement For: Primary Seneral
Per Election for Office Sought	7	2796.44	2018	Other (specify) ▶
Full Name of Payee		✗ Memo	Item [Date of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GRO	UP, INC.			01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL RD. #490				Amount
City	State	Zip Code		5.6
MCLEAN	VA	22102		Transaction ID : EEB6666F5150845A794D
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/	7	Date of Disbursement or Obligation
DIRECT WAIE DATA CENTER		Type		
Name of Federal Candidate:		Support	Office S	Sought: House District:
BROWN, SHERROD, , ,		x Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	606.97	Disburs 2018	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led1 -	M	/ D D / Y Y Y Y Y Y
Signature		Date	e 02	20 2018

PAGE 86 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item EBERLE CÓMMUNICATIONS GROUP, INC. 01 22 2018 Mailing Address 1420 SPRING HILL RD. #490 Amount State Zip Code 123.15 City 22102 Transaction ID: E902CF310ECA24A14B61 **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL DATA CENTER Type Name of Federal Candidate: Support Office Sought: House District: BROWN, SHERROD, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item OMEGA LIST COMPANY 2018 22 01 Mailing Address 1420 SPRING HILL ROAD Amount SUITE 490 City State Zip Code 152.24 Transaction ID: EEC866E50D7CF4BC9BA **MCLEAN** ۷A 22102 Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL LIST RENTAL/EXCHANGE Type Name of Federal Candidate: Support Office Sought: House District: BROWN, SHERROD, , , OH X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

	MIZED INDEPENDENT EXPENDITURES				PAGE 87 OF 148
NAM	IE OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	TARS AND STRIPES FOREVER PA	4C			C C00635243
Ched	ck if 24-hour report 48-hour report	New repo	ort Amends repor		M M / D D / Y Y Y Y
F	Full Name of Payee PARAMOUNT COMMUNICATIONS		⋉ Memo I	tem Date	of Public Distribution/Dissemination
N	Mailing Address 525-K EAST MARKET STREET SI	UITE 114		Amou	
	City	State	Zip Code	$ \Gamma$	24.51
ı	LEESBURG	VA	20176		saction ID : E3B6915A4A9534E8389E of Disbursement or Obligation
F	Purpose of Expenditure ONLINE MAILSHOP	l	Category/ Type] [M M / D D / Y Y Y Y Y
1	Name of Federal Candidate:		Support	Office Soug	ht: House District:
E	BROWN, SHERROD, , ,		▼ Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	7	681.61	Disburseme	ent For:
	Full Name of Payee PARAMOUNT COMMUNICATIONS		🗶 Memo I		of Public Distribution/Dissemination
N	Mailing Address 525-K EAST MARKET STREET SI	UITE 114		Amou	
	City	State	Zip Code	$\dashv \vdash$	1.89
	LEESBURG	VA	20176		nsaction ID: E98A651E87FA24E3DB81 of Disbursement or Obligation
1	Purpose of Expenditure ONLINE MAILSHOP		Category/ Type	$\Box ig ig egin{array}{c} ig ig \end{bmatrix}$	M M / D D / Y Y Y Y
1	Name of Federal Candidate:		Support	Office Soug	ght: House District:
E	BROWN, SHERROD, , ,		x Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburseme 2018	ent For: Primary
	n) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(b	 SUBTOTAL of Unitemized Independent Expenditure 	res		• 📙	
(с	e) TOTAL Independent Expenditures			F	
wi	nder penalty of perjury I certify that the independe ith, or at the request or suggestion of, any candidarty committee) any political party committee or its	ate or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically File	led] Date	02 /	20 2018
	Cianatura		_		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 88 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
VALTIM			_	01 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amou	ınt
1095 VENTURE DR	Otata	Zin Codo		254.0
City	State	Zip Code 24551-0809	Trans	254.6 saction ID : E34DCB8E67626440AAFA
FOREST	VA	24551-0609		of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 10 7 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
BROWN, SHERROD, , ,		x Oppose	Presid	lent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	606.97	Disbursement 2018	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Amou	unt
1095 VENTURE DR			AIIIOC	
City	State	Zip Code		91.62
FOREST	VA	24551-0809		saction ID: E848CC20610E04C67B5F of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
BROWN, SHERROD, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	606.97	Disbursement 2018	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			· [254.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [.	
(c) TOTAL Independent Expenditures			• .	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M = M /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	02	20 2018

SCHEDULE E (FEC FORM 3X)	•			
TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 89 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER P	'AC			FEC IDENTIFICATION NUMBER ▼ C C00635243
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed c	on M M / D D / Y Y Y Y
Full Name of Payee VALTIM		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				01 10 2018
1095 VENTURE DR				Amount
City	State	Zip Code		233.72
FOREST	VA	24551-0809		Transaction ID : EBF8253432A9B4290B09 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		x Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disburs 2018	sement For: Primary
Full Name of Payee ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City	State	☐ Memo		Date of Public Distribution/Dissemination M 01
LANDOVER	MD	20785		Transaction ID : EFD0F818494D94E09889 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		x Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disburs 2018	sement For:
(a) SUBTOTAL of Itemized Independent Expenditure (b) SUBTOTAL of Unitemized Independent Expendit (c) TOTAL Independent Expenditures	tures		•	933.32
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	iled] Date	e 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatura		_	, ,,,	

TEMIZED INDEPENDENT EXPENDITORES				PAGE 90 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item C	Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				01
Mailing Address 6304 SHERIFF RD. STE Z			A	mount
City	State	Zip Code		150
LANDOVER	MD	20785		Fransaction ID: EF2CBC5B267754CE9AAL Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
BROWN, SHERROD, , ,		Oppose	P	resident X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disburse 2018	ement For: Primary X General Other (specify) ▶
Full Name of Payee		✗ Memo	Item C	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			mount
City MCLEAN	State	Zip Code		21.43 Transaction ID: E88DBBD8860324F16B41
	VA	22102-3028		Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disburse 2018	ement For: Primary X General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	ed1 -	M = M	/ D D / Y Y Y Y
Signature		Date	9 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 91 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT			1	01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amou	
			Amot	
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		saction ID : E2CF78607FD0346FDBEA of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Presid	DA
Calendar Year-To-Date		604.64	Disburseme	nt For: Primary X General
Per Election for Office Sought	7 7	681.61	2018	Other (specify) ▶
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT			_ I _ r	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	- 490			01 22 2010
1420 OF KING THEE NOAD, OUTE	- 400		Amou	unt
City	State	Zip Code		255.26
MCLEAN	VA	22102-3028	I	saction ID : E857C4E947E094D4890F of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/		M M / D D / Y Y Y Y
DIRECT MAIL AGENCY FEE		Type	_	
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Presid	lent 🗶 Senate State: PA
Calendar Year-To-Date		0700 44	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7-1-1-5-	2796.44	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Funcionality was				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	Lacen omeany 1 th	Date	9 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 92 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	vC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item Date	of Public Distribution/Dissemination
COLORTRÉE GROUP, INC.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE			Amou	unt
City	State	Zip Code	$-\Gamma$	221.22
RICHMOND	VA	23228		saction ID : E0F6ACD1F6DA54F72B64 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Presid	dent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	2796.44	Disburseme 2018	ent For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
CP DIRECT				01 / 22 / 2018
Mailing Address 4600A BOSTON WAY			Amou	unt
City	State	Zip Code		279.64
LANHAM	MD	20706-4858		nsaction ID : ED80EB515152141D8A08 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type	Date	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Presid	dent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	5 5	2796.44	Disburseme	ont For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• <u> </u>	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M = M /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 02	20 2018

	WIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
S	TARS AND STRIPES FOREVER PA	4C			C C00635243
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC.	X Memo	Item Date	e of Public Distribution/Dissemination
	Mailing Address 1420 SPRING HILL RD. #490			Amo	01 10 2018 punt
-	Cit.	Ctata	Zin Codo		5.0
	City MCLEAN	State VA	Zip Code 22102		5.6 nsaction ID : E0C012CA2B7AE4157B98 e of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M / D = D / Y = Y = Y
ŀ	Name of Federal Candidate:		Support	Office Sou	ght: House District:
-	CASEY, ROBERT P, JR, ,		x Oppose	Presi	- DΛ
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	606.97	Disburseme 2018	ent For:
Ī	Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
	EBERLE COMMUNICATIONS GROU	JP, INC.			01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1420 SPRING HILL RD. #490			Amo	punt
ŀ	City	State	Zip Code	-	123.15
	MCLEAN	VA	22102		nsaction ID : E58734F036DEE46AFB4A e of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M M / D D / Y Y Y Y
İ	Name of Federal Candidate:		Support	Office Sou	ght: House District:
	CASEY, ROBERT P, JR, ,		X Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	2796.44	Disburseme 2018	ent For:
	(a) SUBTOTAL of Itemized Independent Expenditures			→ []	0.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			
	,				7
	(c) TOTAL Independent Expenditures			· -	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
	SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	e 02	20 2018
	Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 94 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee OMEGA LIST COMPANY		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				01 / 22 / Y Y Y Y Y Y
1420 SPRING HILL ROAD SUITE 490				Amount
City	State	Zip Code		152.24
MCLEAN	VA	22102		Transaction ID : ED4B461DBD405415BAEC Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
CASEY, ROBERT P, JR, ,		× Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disbur 2018	rsement For: Primary 🗶 General
1 of Election for Office Sought	7			Other (specify) >
Full Name of Payee PARAMOUNT COMMUNICATIONS		★ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET SI	JITE 114			Amount
City	State	Zip Code		24.51
LEESBURG	VA	20176		Transaction ID : E21EBA5D8E81C4EAEB5
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	681.61	Disbur 2018	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(a) SUBTUTAL OF Itemized independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	'ed1 –	M	M / D D / Y Y Y Y Y
Signature		Date	9 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 95 OF 148
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC:		FEC II	DENTIFICATION NUMBER ▼
OTARO AND OTAR LOT OREVERTA	10		C	C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	filed on	/ D D / Y D Y D Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		🗶 Memo I		c Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET SI	JITE 114		01 Amount	18 2018
			/ tilledill	
City	State	Zip Code		1.89
LEESBURG	VA	20176		ID: E272DDDE0188B4839827 ursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type	M = M	/ D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought:	House District:
CASEY, ROBERT P, JR, ,		x Oppose		Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disbursement For: 2018 Other (s	Primary X General pecify) ▶
Full Name of Payee VALTIM		☐ Memo I	em Date of Publi	c Distribution/Dissemination
Mailing Address P.O. BOX 809 1095 VENTURE DR			Amount	2010
City	State	Zip Code		254.6
FOREST	VA	24551-0809	Transaction	ID: E6460B3D8EF7740F78FC ursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	01 N	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
CASEY, ROBERT P, JR, ,		X Oppose		Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	606.97	Disbursement For: 2018 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			•	254.60
(c) TOTAL Independent Expenditures			-	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed] Date	02 20	/ Y Y Y Y Y Y Y 2018

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y
Full Name of Payee VALTIM		X Memo	Item [Date of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				Amount
1095 VENTURE DR City	State	Zip Code		91.62
FOREST	VA	24551-0809		Fransaction ID : E2A1B1FC410584E6889E
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disburs 2018	ement For: ☐ Primary ✗ General Other (specify) ▶
Full Name of Payee VALTIM		✗ Memo	Item [Date of Public Distribution/Dissemination
				01 / 10 / 2018
Mailing Address P.O. BOX 809				Amount
1095 VENTURE DR	Ctoto	Zin Codo		233.72
City FOREST	State VA	Zip Code 24551-0809		Transaction ID : E1A8057008219400D87A Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	1 1 1	606.97	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			· L	0.00
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	e 02	20 / 2018
Signature		Date	, 02	2010

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 97 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	√C			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	M M / D D / Y Y Y Y Y
Full Name of Payee		 Memo	Item [Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			A	Amount
City	State	Zip Code		150
LANDOVER	MD	20785		Transaction ID : E432AF25C62BC4B26A44 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		X Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2796.44	Disburs 2018	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
ZIP MAILING SERVICES, INC.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			l A	Amount
City	State	Zip Code		933.32
LANDOVER	MD	20785		Transaction ID : EFAF7ED333108419FA5E Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 22 7 2018
Name of Federal Candidate:		Support	Office S	Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	P	resident State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	2796.44	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			• •	933.32
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		[
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fi	led]	M = N	20 2018
Signature		Date	e 02	20 2010

TEMIZED INDEPENDENT EXPENDITURES	,			PAGE 98 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
CP DIRECT				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600A BOSTON WAY			Amo	
City	State	Zip Code	— I	295.9
LANHAM	MD	20706-4858		nsaction ID : E92DD0E25BE9440718C0 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type	Date	01 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
DONNELLY, JOSEPH, S, ,		Oppose		ident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 7	0	Disburseme 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GRO	UP			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amo	
City	State	Zip Code	-	80
MCLEAN	VA	22102-3028		insaction ID : EBDBD50D6A236431D9C; e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		01 29 / 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Pres	ident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		9384.44	Disbursem	,
				Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [375.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		• •
SATTERFIELD, DAVID, , ,	[Electronically Fil	led]	e 02	20 2018
Signature		Date	e 02	2010

				PAGE 99 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	2 C			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIFEST OREVER FA	10			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee SAVANNA COMMUNICATIONS		☐ Memo	o Item	Date of Public Distribution/Dissemination
				01 02 2018
Mailing Address 755 SONNE DRIVE				Amount
City	State	Zip Code		6588
ANNAPOLIS	MD	21401-7120		Transaction ID : E7911AB10CD0C4677BFD Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUC	TION	Category/ Type		01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	e Sought: House District:
DONNELLY, JOSEPH, S, ,		x Oppose		President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	6588	Disbu 2018	orsement For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		✗ Memo	o Item	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			Amount
City	Otata	Zin Code		21.43
City	State	Zip Code		7:43 Transaction ID : E3D239559F7294245A5F
MCLEAN	VA	22102-3028		Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Command	046	O Constitution
DONNELLY, JOSEPH, S, ,		Support Oppose	Office	Provident Senate State: IN
		X Oppose		riesident State.
Calendar Year-To-Date Per Election for Office Sought	, , ,	7194.97	2018	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures			▶	6588.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		▶	
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	<i>led]</i> Da	te N	2 20 2018
Signature			0	لـــــــــــــــــــــــــــــــــــــ

TEMIZED INDEPENDENT EXPENDITUR	ES			PAGE 100 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER	PAC			C C00635243
	N		N Clark and N	1 " M / D " D / Y " Y " Y " Y
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee EBERLE COMMUNICATIONS GRO	UP	✗ Memo	_	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD SU	JITE 490		Amou	01 10 2018 unt
City	State	Zip Code		5.6
MCLEAN	VA	22102-3028		saction ID : EFD19026D71B440B68CD of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		Oppose	Presid	dent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		7194.97	Disburseme	nt For: Primary
Full Name of Payee		X Memo		of Public Distribution/Dissemination
VALTIM		Memo	itom	01 10 2018
Mailing Address P.O. BOX 809				
1095 VENTURE DR			Amou	ınt
City FOREST	State VA	Zip Code 24551-0809	I	91.62 saction ID : E462171DD39A7403DB12 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING	-	Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Presid	lent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		7194.97	Disburseme	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expendition (b) SUBTOTAL of Unitemized Independent Expendit				0.00
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led] Date	e 02	20 / 2018
Signature			, <u>, , , , , , , , , , , , , , , , , , </u>	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 101 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on	/ B D / Y D Y D / Y D Y D Y D Y D Y D Y D Y
Full Name of Payee VALTIM		☐ Memo It	em Date	of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				
1095 VENTURE DR			Amou	unt
City	State	Zip Code		254.6
FOREST	VA	24551-0809		saction ID : E25703290928D42C8B9B of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL PC	OSTAGE	Category/ Type] [01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		✗ Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	7194.97	Disburseme	nt For: Primary
Full Name of Payee VALTIM		★ Memo It	_	of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				
1095 VENTURE DR			Amou	ınt
City	State	Zip Code		233.72
FOREST	VA	24551-0809	I	of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type] [M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Presid	dent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 7	7194.97	Disburseme 2018 (nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	res		• [: • [:	254.60
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•		
SATTERFIELD, DAVID, , ,	Electronically Fil	ed] Date	02 /	20 2018
Cianatura				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 102 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		X Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amo	unt
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		saction ID : E3E640C07DD9D426A8ED of Disbursement or Obligation
Purpose of Expenditure EMAIL CREATIVE	<u> </u>	Category/ Type	Date	M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Presid	
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought	, , ,	7269.61	2018	Other (specify) ▶
Full Name of Payee PARAMOUNT COMMUNICATIONS		🗶 Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET S	UITE 114		Amo	unt
City	State	Zip Code		24.51
LEESBURG	VA	20176		nsaction ID : EAE3DFCE39FA243BB95; of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Presid	dent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	5 5	7269.61	Disburseme	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res		· [.	0.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized agent.	committee or agent		if the reporting entity is not a political
Cignoture	Electronically Fil	<i>[ed]</i> Date	9 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 103 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
STARS AND STRIPES FOREVER PA	4C			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		✗ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET SI	UITE 114		Amou	
City	State	Zip Code		1.89
LEESBURG	VA	20176		saction ID : E30A97C9192754C828F7 of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		M Oppose	President	INI
Calendar Year-To-Date Per Election for Office Sought	7	7269.61	Disburseme 2018	ent For: Primary General Other (specify)
Full Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amou	
City	State	Zip Code	-	255.26
MCLEAN	VA	22102-3028	I	nsaction ID : E6E84C9D36B724E83BE6 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type		M
Name of Federal Candidate:		Support	Office Soug	ht: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	<i></i>	9384.44	Disburseme	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	(· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	M = M /	20 2018

TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 104 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER F	PAC			C C00635243
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
		7		
Full Name of Payee COLORTREE GROUP INC		X Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 8000 VILLA PARK DR			Amo	01 22 2018
		1		
City	State	Zip Code	L Tree	221.22
RICHMOND	VA	23228-6500		nsaction ID : E5AF6741E2A7A4C77ACE of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Pres	ident Senate State: IN
Calendar Year-To-Date		9384.44	Disbursem	ent For: Primary General
Per Election for Office Sought	7 7	3004.44	2016	Other (specify) ▶
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
CP DIRECT				01 22 / 2018
Mailing Address 4600A BOSTON WAY			Amo	punt
City	State	Zip Code	-	279.64
LANHAM	MD	20706-4858	I	insaction ID : EEC3E042965B84738B4E of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	Pres	ident Senate State: IN
Calendar Year-To-Date		9384.44	Disbursem	ent For: Primary General
Per Election for Office Sought		3304.44	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure				0.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	iled] Date	e 02	20 2018
Signature		Buit	-	

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 105 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P	AC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP		X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				01 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1420 SPRING HILL ROAD SUITE	490			Amount
City	State	Zip Code		123.15
MCLEAN	VA	22102-3028		Transaction ID : EA57A422284A643588B0 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		× Oppose		President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		9384.44	Disbu 2018	rsement For: Primary Seneral
Fer Liection for Office Sought	1 1	1 /8	2010	Other (specify) ▶
Full Name of Payee OMEGA LIST COMPANY		★ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD				01 22 2018
SUITE 490				Amount
City	State	Zip Code		152.24
MCLEAN	VA	22102		Transaction ID: E730AF6022F14425B8D9 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		x Oppose		President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 7	9384.44	Disbu 2018	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1 –	M	M / D D / Y Y Y Y Y
Signature	L Omeany Tu	Date	e 02	2 20 2018

ITEMIZED INDEPENDENT EXPENDITURES PAGE 106 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item ZIP MAILING SERVICES, INC. 01 22 2018 Mailing Address 6304 SHERIFF RD. STE Z Amount State Zip Code 933.32 City MD 20785 Transaction ID: E319C6EF6B57B4032A90 **LANDOVER** Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL PRINTING Type Name of Federal Candidate: Support Office Sought: House District: DONNELLY, JOSEPH, S,, IN Oppose President **x** Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 9384.44 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item ZIP MAILING SERVICES, INC. 2018 22 01 Mailing Address 6304 SHERIFF RD. STE Z Amount City State Zip Code 150 LANDOVER Transaction ID: ED2DD663D203445CD9E0 MD 20785 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL PRINTING** Type Name of Federal Candidate: Support Office Sought: House District: DONNELLY, JOSEPH, S,, IN X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 9384.44 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 107 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	√C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo I	tem Date	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amou	01 10 2018 unt
City	State	Zip Code	$ \Gamma$	21.43
MCLEAN	VA	22102-3028		saction ID : E590D59F954B74146A1F of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE	_	Category/ Type] [M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Source	Llauga Diotriate
HEITKAMP, HEIDI, , ,		Support Oppose	Office Soug	□ ND
Calendar Year-To-Date Per Election for Office Sought	7 1 7	606.97	Disburseme	ont For: Primary
Full Name of Payee CAMPAIGN FUNDING DIRECT		⋉ Memo I	tem Date	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amou	
City MCLEAN	State	Zip Code 22102-3028		48.24 nsaction ID : E1EDCAB51F2D443EA8F0
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type	Date	of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Soug	ht: House District:
HEITKAMP, HEIDI, , ,		x Oppose	Presid	ND ND
Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburseme	ont For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
SATTERFIELD, DAVID, , ,	Electronically Fil	ded] Date	02 /	20 / 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 108 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
				M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	
Full Name of Payee CAMPAIGN FUNDING DIRECT		X Memo	Item [Date of Public Distribution/Dissemination
				01 22 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		A	Amount
City	State	Zip Code		255.26
MCLEAN	VA	22102-3028		Transaction ID: E9737236F74C34E81BAB Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose	P	resident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 7	2796.44	Disburs 2018	ement For: Primary X General Other (specify) ▶
Full Name of Payee		✗ Memo	Item [Date of Public Distribution/Dissemination
COLORTREE GROUP, INC.				01
Mailing Address 8000 VILLA PARK DRIVE				Amount
City	04-4-	7: 01-		
City RICHMOND	State VA	Zip Code 23228		221.22 Transaction ID : EECEDB6CC647B43B79B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose	P	resident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disburs 2018	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			0.00
(h) CURTOTAL of Uniterpired Independent Europeditu	***		. [
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y
Signature		_ Date	9 02	20 2018

PAGE 109 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item **CP DIRECT** 01 22 2018 Mailing Address 4600A BOSTON WAY Amount State Zip Code 279.64 City MD 20706-4858 Transaction ID: E8A95F3AF7B6F4B618DB LANHAM Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL MATERIALS Type Name of Federal Candidate: Support Office Sought: House District: HEITKAMP, HEIDI, , , ND Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item EBERLE COMMUNICATIONS GROUP, INC. 10 2018 01 Mailing Address 1420 SPRING HILL RD. #490 Amount City State Zip Code 5.6 **MCLEAN** Transaction ID: E8C7E95A66A9E45579B0 VA 22102 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL DATA CENTER** Type Name of Federal Candidate: Support Office Sought: House District: HEITKAMP, HEIDI, , , ND X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 606.97 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 110 OF 148
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC.	X Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL RD. #490			Am	01 22 2018 nount
City	State	Zip Code	— Г	123.15
MCLEAN	VA	22102		ansaction ID : E31EC746D23B74137AFA te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ught: House District:
HEITKAMP, HEIDI, , ,		× Oppose		sident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbursen 2018	nent For: Primary
Full Name of Payee OMEGA LIST COMPANY		X Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Am	nount
City MCLEAN	State VA	Zip Code 22102		152.24 ansaction ID : E9CAC79F850494C6EA24 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate:		Support	Office So	ught: House District:
HEITKAMP, HEIDI, , ,		x Oppose	Pre	sident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbursen 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· _	0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	'es		· • _	, , , , , , , ,
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
SATTERFIELD, DAVID, , ,	Electronically Fil	ded] Date	e 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 111 OF 148
NAME OF COMMITTEE (In Full)			1.	FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	/C			FEC IDENTIFICATION NUMBER ▼
OTARO TIME OTAR LOT ONE VENT	.0			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	M / D D / Y Y Y Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		X Memo	M	Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET SI	JITE 114		Amount	11 18 2018
			Amount	
City	State	Zip Code		24.51
LEESBURG	VA	20176		ction ID : E51F043C327C4491B911 Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type	M	M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
HEITKAMP, HEIDI, , ,		x Oppose	Presider	ND
Calendar Year-To-Date Per Election for Office Sought	7 1 7	681.61	Disbursement 2018 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee PARAMOUNT COMMUNICATIONS		∡ Memo	tem Date of	Public Distribution/Dissemination
Mailing Address				18 2018
525-K EAST MARKET STREET SI	JITE 114		Amount	
City	State	Zip Code	- Г.	1.89
LEESBURG	VA	20176	Transa	action ID : E62AC2E0BEDE94CBC98 Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
HEITKAMP, HEIDI, , ,		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	681.61	Disbursement 2018 Oth	For: Primary X General ner (specify) ▶
				(4.1.7)
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	ed] Date	M M / / 02	20 2018

NAME OF COMMITTEE (In Full)

	PAGE 112 OF 148
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00635243
d on	M = M / D = D / Y = Y = Y = Y
Date	e of Public Distribution/Dissemination
- 1	01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amo	ount
1 [91.62
	nsaction ID : EEFC8CBC6F1D2435CB89 of Disbursement or Obligation
	M = M / D = D / Y = Y = Y
ce Sou	ght: House District:
Presi	ident Senate State: ND
burseme	ent For: Primary X General
3	Other (specify)
Date	of Public Distribution/Dissemination
	01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amo	ount
Trai	233.72 nsaction ID : E6BD0EC642DEB47EE82
	e of Disbursement or Obligation
	M = M / D = D / Y = Y = Y
ce Sou	ght: House District:
Presi	ident Senate State: ND
burseme	ent For: ☐ Primary General Other (specify) ▶
	0.00
	0.00

STARS AND STRIPES FOREVER PA	√C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee VALTIM		X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				01 10 / 2018
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		Transaction ID : EEFC8CBC6F1D2435CB89 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	e Sought: House District:
HEITKAMP, HEIDI, , ,		X Oppose		President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		606.97	Disbu 2018	ursement For: Primary X General
,	1			Other (specify) -
Full Name of Payee VALTIM		★ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				01 10 7 2018
P.O. BOX 809				Amount
1095 VENTURE DR City	State	Zip Code		233.72
FOREST	VA	24551-0809		Transaction ID: E6BD0EC642DEB47EE82! Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate: Support Office Sought: House				e Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose		President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		606.97	Disbu 2018	ursement For: Primary X General
The second secon				Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	, 0	2 20 2018
Signature	<u> </u>	Date	, ,	2 2010
				FEC Schedule E (Form 3X) Rev. 05/2016

FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER C C00635243 report filed on M M / D D / Y Y Y Y amo Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount 254.6 Transaction ID: EA4848119CD9644E0A4 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Amount C C00635243 Amount Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount Disbursement For: Primary General 2018 Other (specify) C C00635243 Amount	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER C C00635243 Temport filed on	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER C C00635243 eport filed on		PAGE 113 OF 148
report filed on M M / D D / Y Y Y Y Y monolitem Date of Public Distribution/Dissemination M 1	report filed on The propert	eport filed on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		FOR LINE 24 OF FORM 3X
report filed on M M / D D / Y Y Y Y Y mo Item Date of Public Distribution/Dissemination M 01 M / D D / Y Y Y Y Amount 254.6 Transaction ID : EA4848119CD9644E0A4 Date of Disbursement or Obligation M 1 D D / Y Y Y Y Amount C C C00635243 Transaction ID : EA4848119CD9644E0A4 Date of Disbursement or Obligation M 1 D D / Y Y Y Y The Company of	report filed on To Date of Public Distribution/Dissemination Mon	eport filed on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Date of Public Distribution/Dissemination Mol	Date of Public Distribution/Dissemination Mon	mo Item Date of Public Distribution/Dissemination Mo1		
Amount 254.6 Transaction ID: EA4848119CD9644E0A4 Date of Disbursement or Obligation M M J 10 2018 t Office Sought: House District: President Senate State: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M J 22 / 2018 Amount	Amount 254.6 Transaction ID: EA4848119CD9644E0A4E Date of Disbursement or Obligation M	Amount 254.6 Transaction ID: EA4848119CD9644E0A4I Date of Disbursement or Obligation M	eport filed	on M M / D D / Y Y Y Y Y
Amount 254.6 Transaction ID : EA4848119CD9644E0A4 Date of Disbursement or Obligation M M M O1 10 2018 t Office Sought: House District: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M M O1 22 / Y 2018 Amount	Amount 254.6 Transaction ID: EA4848119CD9644E0A4E Date of Disbursement or Obligation M M M / D 10 / 2018 Toffice Sought: House District: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M M / D 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Amount 254.6 Transaction ID : EA4848119CD9644E0A4E Date of Disbursement or Obligation	mo Item	Date of Public Distribution/Dissemination
Transaction ID: EA4848119CD9644E0A4I Date of Disbursement or Obligation t Office Sought: House District: President Senate State: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Transaction ID: EA4848119CD9644E0A4E Date of Disbursement or Obligation M	Transaction ID: EA4848119CD9644E0A4IDate of Disbursement or Obligation Mark		
Transaction ID: EA4848119CD9644E0A4 Date of Disbursement or Obligation Total Office Sought: House District: ND President Senate State: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Transaction ID: EA4848119CD9644E0A4E Date of Disbursement or Obligation M	Transaction ID: EA4848119CD9644E0A4IDate of Disbursement or Obligation M		
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t Office Sought: House District: ND President ★ Senate State: ND Disbursement For: Primary ★ General 2018 Other (specify) ▶ mo Item Date of Public Distribution/Dissemination Mon / Date of Public Distribution/Dissemination Amount	t Office Sought: House District: President ★ Senate State: ND Disbursement For: Primary ★ General 2018 Other (specify) ► mo Item Date of Public Distribution/Dissemination M M M / P2P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	t Office Sought: House District: President ★ Senate State: ND Disbursement For: Primary ★ General 2018 Other (specify) ▶ mo Item Date of Public Distribution/Dissemination Mon / 22 / 2018 Amount 933.32 Transaction ID: E1426FFCF7B564D3F94 Date of Disbursement or Obligation Mon / 22 / 2018 t Office Sought: House District: President ★ Senate State: ND Disbursement For: Primary ★ General 2018		Transaction ID : EA4848119CD9644E0A4D
President Senate State: ND Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M / D D / Y 2018 Amount	President Senate State: ND Disbursement For: Primary General 2018 Other (specify) ▶ mo Item Date of Public Distribution/Dissemination M M M / 22 / 2018 Amount 933.32 Transaction ID : E1426FFCF7B564D3F944 Date of Disbursement or Obligation M M M / 22 / 2018 At Office Sought: House District: President Senate State: ND	President	·	
Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M M / D 22 / Y 2018 Amount	Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination Mon / 22 / 2018 Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation Mon / 22 / 2018 At Office Sought: House District: President State: ND	Disbursement For: Primary General 2018 Other (specify) mo Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	rt Office	e Sought: House District:
Date of Public Distribution/Dissemination M 01	Other (specify) ► mo Item Date of Public Distribution/Dissemination Mon / 22 / 2018 Amount 933.32 Transaction ID : E1426FFCF7B564D3F944 Date of Disbursement or Obligation Mon / 22 / 2018 t Office Sought: House District: President X Senate State: ND	Other (specify) mo Item Date of Public Distribution/Dissemination Mon / 22 / 2018 Amount 933.32 Transaction ID: E1426FFCF7B564D3F94 Date of Disbursement or Obligation Mon / 22 / 2018 t Office Sought: House District: President X Senate State: ND Disbursement For: Primary X General 2018		President Senate State: ND
mo Item Date of Public Distribution/Dissemination M M M / D 22 / Y 2018 Amount	Other (specify) mo Item Date of Public Distribution/Dissemination M	Other (specify) mo Item Date of Public Distribution/Dissemination M M M / 22 / 2018 Amount 933.32 Transaction ID : E1426FFCF7B564D3F94 Date of Disbursement or Obligation M M M / 22 / 2018 t Office Sought: House District: President X Senate State: ND Disbursement For: Primary X General 2018	I	ursement For: Primary X General
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	933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M	933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M		
033 32	Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M Office Sought: House District: President X Senate State: ND Disbursement For: Primary X General 2018		. 01 22 2010
955.52	Date of Disbursement or Obligation M 01	Date of Disbursement or Obligation M 01		
Date of Disbursement or Obligation	t Office Sought: House District: ND President Senate State: ND	t Office Sought: House District: ND Disbursement For: Primary General 2018		Amount
	President Senate State: ND	President Senate State: ND Disbursement For: Primary General 2018		Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation
t Office Sought: House District:	Fresident State.	Disbursement For: Primary		Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation
President Senate State: ND	Disbursement For: Primary X General	2018	t Office	Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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			e Disbu	Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M 01
2018			e Disbu	Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M 01
2018			e Disbu	Amount 933.32 Transaction ID: E1426FFCF7B564D3F944 Date of Disbursement or Obligation M 01

TEMIZED INDEPENDENT EXPENDITURES			PAGE 114 OF 148
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PA	١.		FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER FA	4C		C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		🗶 Memo I	Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z			Amount
City	State	Zip Code	150
LANDOVER	MD	20785	Transaction ID : EAD03D66A4B6D4376956 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2796.44	Disbursement For: ☐ Primary
Full Name of Payee CP DIRECT		☐ Memo I	M M / D D / Y Y Y Y
Mailing Address 4600A BOSTON WAY			11 29 2017 Amount
City	State	Zip Code	295.9
LANHAM	MD	20706-4858	Transaction ID : E41ACC765E02345FEA40 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type	01 08 7 2018
Name of Federal Candidate:		Support	Office Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7	0	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			295.90
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	·
SATTERFIELD, DAVID, , ,	Electronically Fil	ded] Date	02 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 115 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M " M / D " D / Y " Y " Y " Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo	Item [Date of Public Distribution/Dissemination
				11 29 2017
Mailing Address 1420 SPRING HILL ROAD SUITE	490		,	Amount
City	State	Zip Code		80
MCLEAN	VA	22102-3028		Transaction ID : E4F390CC738A04C969F6 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		01 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	F	President Senate State: VA
Calendar Year-To-Date		2796.44	Disburs	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	2700.77	2010	Other (specify) ▶
Full Name of Payee CAMPAIGN FUNDING DIRECT		✗ Memo	Item [Date of Public Distribution/Dissemination
Mailian Address				01 10 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		,	Amount
City	State	Zip Code		21.43
MCLEAN	VA	22102-3028		Transaction ID: E15662CA2E206495D9E1 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	F	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disburs 2018	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·			80.00
(b) SUBTOTAL of Unitemized Independent Expenditu	roc		. [
(b) 30BTOTAL of Officernized independent Expenditu	165		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed]	M	7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 02	20 2010

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 116 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item EBERLE CÓMMUNICATIONS GROUP, INC. 01 10 2018 Mailing Address 1420 SPRING HILL RD. #490 Amount Zip Code 5.6 City State 22102 Transaction ID: E1CC147B880E248B493F **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL DATA CENTER Type Name of Federal Candidate: Support Office Sought: House District: KAINE, TIMOTHY, MICHAEL, , VA Oppose President **x** Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 606.97 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item VALTIM 2018 10 01 Mailing Address P.O. BOX 809 Amount 1095 VENTURE DR City State Zip Code 91.62 **FOREST** Transaction ID: E691D5963FFCC4203869 VA 24551-0809 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL MATERIALS** Type Name of Federal Candidate: Support Office Sought: House District: KAINE, TIMOTHY, MICHAEL, , VA X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 606.97 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date

SATTERFIELD, DAVID, , ,

Signature

[Electronically Filed]

Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITUR

HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES	}				PAGE 117	OF 148 24 OF FORM 3X
ME OF COMMITTEE (In Full) FARS AND STRIPES FOREVER P.	AC			FEC	IDENTIFICATI	ON NUMBER ▼
				C	C00635243	
eck if 24-hour report 48-hour report	New re	port Amends rep	ort filed o	on Man	/ D D /	Y Y Y Y
Full Name of Payee VALTIM		X Memo	Item	Date of Pub	lic Distribution	/Dissemination 2018
Mailing Address P.O. BOX 809				U1	10	2016
1095 VENTURE DR				Amount		
City	State	Zip Code			, , ,	233.72
FOREST	VA	24551-0809		Transaction	,	DCB29A647DEAD
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M M	/ D D /	Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought:	House	District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	F	President	✗ Senate	State: VA
Calendar Year-To-Date Per Election for Office Sought		606.97	Disburs 2018	sement For:	Primary	/ X General
- 11.11	1		.		specify) ▶	/D:
Full Name of Payee VALTIM		∐ Memo	Item	Date of Pub	/ Distribution	/Dissemination 2018
Mailing Address P.O. BOX 809				0.1		
1095 VENTURE DR				Amount		
Dity	State	Zip Code				254.6
FOREST	VA	24551-0809			n ID : EACD19 oursement or (47380AC4B3AAD Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01	10 /	2018
Name of Federal Candidate:		Support	Office	Sought:	House	District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	F	President	✗ Senate	State: VA
Calendar Year-To-Date			Disburs	sement For:	Primary	/ ✗ General
Per Election for Office Sought	7	606.97	2018	Other (s	specify) ►	
) SUBTOTAL of Itemized Independent Expenditures	3					254.60
. , , , , , , , , , , , , , , , , , , ,			,			
) SUBTOTAL of Unitemized Independent Expenditu	ıres					
e) TOTAL Independent Expenditures				,		
nder penalty of perjury I certify that the independith, or at the request or suggestion of, any candid						

SCHEDULE E (FEC FOIIII 3X)				
TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 118 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
STARS AND STRIPES FOREVER P	AC			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				01 18 2018
1420 SPRING HILL ROAD, SUITE	∄ 490			Amount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		Transaction ID: EEFE42FD969EA483C998 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		Coppose Oppose		President Senate State: VA
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	7 7	681.61	2018	Other (specify) ►
Full Name of Payee		⋉ Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 2018
Mailing Address 525-K EAST MARKET STREET S	GUITE 114			Amazini
				Amount
City	State	Zip Code		1.89
LEESBURG	VA	20176		Transaction ID: EA733EE54F0E34CAB9C8 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose		President X Senate State: VA
Calendar Year-To-Date			Disbu	rsement For: Primary Seneral
Per Election for Office Sought		681.61	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	iree			
(b) SOBTOTAL OF OFFICERINZED INDEPENDENT Experion.	iies			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid	•	•		•
party committee) any political party committee or its		. committee or agont t	or ordior	, s the reporting officer to flot a political
SATTERFIELD, DAVID, , ,			M	M / D D / Y Y Y Y Y
SATTERFIELD, DAVID, , ,	[Electronically Fil	<i>led]</i> Date	e 02	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 119 OF 148
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	4.0			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		X Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET S	UITE 114		Amo	
City	State	Zip Code	-	24.51
LEESBURG	VA	20176		nsaction ID : E42DCC0A299AA4CA698E of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburseme	ent For:
Full Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	E 490		Amo	ount
City MCLEAN	State VA	Zip Code 22102-3028		255.26 nsaction ID : EF643BC2842F14E368C1 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose	Presi	\/A
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disburseme 2018	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
SATTERFIELD, DAVID, , ,	[Electronically Fil	ded] Date	02	20 / 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 120 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC .			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee COLORTREE GROUP, INC.		X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				01 22 / Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE				Amount
City	State	Zip Code		221.22
RICHMOND	VA	23228		Transaction ID : EB017F11F1F5F4DFDA2D Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President State: VA State:
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disbu 2018	rsement For: Primary General
	1 1			Other (specify) -
Full Name of Payee CP DIRECT		★ Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600A BOSTON WAY				01 22 2018 Amount
City	State	Zip Code		279.64
LANHAM	MD	20706-4858		Transaction ID : E59DC3FD2590B450AB9A Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2796.44	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 02	20 2010

TEMIZED INDEPENDENT EXPENDITURI	ES			PAGE 121 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER	DAC			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER	PAC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	on Man / Dab / Yayayay
Full Name of Payee EBERLE COMMUNICATIONS GROU	IP, INC.	X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL RD. #490				01 22 2018 Amount
City	State	Zip Code		123.15
MCLEAN Purpose of Expenditure	VA	22102		Transaction ID : E6B2E1C01598F421B9BA Date of Disbursement or Obligation
DIRECT MAIL DATA CENTER		Category/ Type	$\Box \mid$	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disbur 2018	rsement For: Primary General Other (specify)
Full Name of Payee OMEGA LIST COMPANY		X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD				01 22 2018 Amount
SUITE 490				Autourk
City	State	Zip Code		152.24
MCLEAN	VA	22102		Transaction ID : ECDB099E7B6F94ABC8FI Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disbur 2018	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			0.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Dote	M = 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

PAGE 122 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ZIP MAILING SERVICES, INC. 01 22 2018 Mailing Address 6304 SHERIFF RD. STE Z Amount Zip Code 933.32 City State MD 20785 Transaction ID: E04199AD9B29B47F2AA5 **LANDOVER** Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL POSTAGE 01 22 2018 Type Name of Federal Candidate: Support Office Sought: House District: KAINE, TIMOTHY, MICHAEL, , VA Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item ZIP MAILING SERVICES, INC. 2018 22 01 Mailing Address 6304 SHERIFF RD. STE Z Amount City State Zip Code 150 LANDOVER Transaction ID: E9A60990C70BC4FB0BF7 MD 20785 Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL MAILSHOP Type Name of Federal Candidate: Support Office Sought: House District: KAINE, TIMOTHY, MICHAEL, , VA X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ 933.32 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

SCHEDULE E (FEC FOIII 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 123 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼ C. C00635243
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		X Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 1400 SPRING LILL BOAD SHITE				01 10 2018
1420 SPRING HILL ROAD, SUITE	490		A	mount
City	State	Zip Code		21.43
MCLEAN	VA	22102-3028		Transaction ID: E8673223247E0490EB50 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
MCCASKILL, CLAIRE, , ,		x Oppose		resident Senate State: MO
Calendar Year-To-Date				ement For: Primary X General
Per Election for Office Sought	, , ,	606.97	2018	Other (specify) ▶
Full Name of Payee CAMPAIGN FUNDING DIRECT		X Memo	Item D	Date of Public Distribution/Dissemination
				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	i 490		A	mount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028	I .	Transaction ID: E377C50783D5E4BF4BE8 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
MCCASKILL, CLAIRE, , ,		X Oppose	Pr	resident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	681.61	Disburse	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		•
SATTERFIELD, DAVID, , ,	[Electronically Fil	<i>led]</i> Date	e 02	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 124 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
STARS AND STRIPES FOREVER PA	4C			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		✗ Memo I	tem Date	e of Public Distribution/Dissemination O1 22 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amo	
City	State	Zip Code	<u> </u>	255.26
MCLEAN	VA	22102-3028		nsaction ID : EF7804A8AA8DE49AC8C2 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
MCCASKILL, CLAIRE, , ,		M Oppose		ident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	2796.44	Disburseme	ent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee COLORTREE GROUP, INC.		🗶 Memo I	tem Date	e of Public Distribution/Dissemination
Mailing Address 8000 VILLA PARK DRIVE			Amo	
City	State	Zip Code		221.22
RICHMOND	VA	23228		unsaction ID : E1749296DB7814449A15 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
MCCASKILL, CLAIRE, , ,		x Oppose	Presi	ident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	2796.44	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	res		• [. • [.	0.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
	[Electronically File	ed] Date	02	20 2018
Cianatura				

PAGE 125 OF 148 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item **CP DIRECT** 01 22 2018 Mailing Address 4600A BOSTON WAY Amount State Zip Code 279.64 City MD 20706-4858 Transaction ID: E6B3BF029B55C40489E2 LANHAM Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL MATERIALS Type Name of Federal Candidate: Support Office Sought: House District: MCCASKILL, CLAIRE, , , Oppose MO President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2796.44 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item EBERLE COMMUNICATIONS GROUP, INC. 2018 10 01 Mailing Address 1420 SPRING HILL RD. #490 Amount City State Zip Code 5.6 **MCLEAN** Transaction ID: E8313001C2EA648BAA40 VA 22102 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL DATA CENTER** Type Name of Federal Candidate: Support Office Sought: House District: MCCASKILL, CLAIRE, , , MO X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 606.97 2018 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 02 20 2018 Date Signature

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 126 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
				O
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC	X Memo	Item	Date of Public Distribution/Dissemination
EBERTE COMMONICATIONS GROOF,	INC.			01 22 / Y Y Y Y Y
Mailing Address 1420 SPRING HILL RD. #490				Amount
City	State	Zip Code		123.15
MCLEAN	VA	22102		Transaction ID: E7A23713913404BAEB9B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		Coppose Oppose		President Senate State: MO
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	7-1-1-7	2796.44	2018	Other (specify)
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
OMEGA LIST COMPANY				01 22 / Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD				
SUITE 490				Amount
City	State	Zip Code		152.24
MCLEAN	VA	22102		Transaction ID : E8CA0FF9C49714ABF8E Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		x Oppose	П	President Senate State: MO
Calendar Year-To-Date			Disbu	rsement For: Primary Seneral
Per Election for Office Sought	7	2796.44	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				
(6, 10 11 2 1100 por 1101 11 2 11 2 11 11 11 11 11 11 11 11 11 1				
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1 –	M	M / D D / Y Y Y Y Y
Signature	comouny I'll	Date	e 02	2 20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 127 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
				G 00000240
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M
Full Name of Payee PARAMOUNT COMMUNICATIONS		✗ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET SU	JITE 114		Amou	
City	State	Zip Code	— r	24.51
LEESBURG	VA	20176		saction ID : E740F89B1189A4A6AAAF of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	ht: House District:
MCCASKILL, CLAIRE, , ,		x Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	681.61	Disbursemer 2018	nt For:
Full Name of Payee		★ Memo	Item Date	of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET SU	JITE 114		Amou	ınt
City	State	Zip Code		1.89
LEESBURG	VA	20176		saction ID: E42460103F7F84504865 of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sough	ht: House District:
MCCASKILL, CLAIRE, , ,		x Oppose	Presid	lent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	681.61	Disbursemen 2018	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
,, ,				
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
SATTERFIELD, DAVID, , ,	Electronically Fil	ed] Date	02 /	20 / 2018

	ZED INDEPENDENT EXPENDITURES			PAGE 128 OF 148
NAME (OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
	RS AND STRIPES FOREVER PA	AC		FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check i	if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y Y
	Name of Payee ALTIM		X Memo Ite	Date of Public Distribution/Dissemination 01 10 2018
Mai	ling Address P.O. BOX 809			
	1095 VENTURE DR			Amount
City		State	Zip Code	233.72
	REST	VA	24551-0809	Transaction ID : ED4EB8E3DB81B4AD3A1; Date of Disbursement or Obligation
	pose of Expenditure RECT MAIL MAILSHOP		Category/ Type	M = M / D = D / Y = Y = Y
Nan	ne of Federal Candidate:		Support	Office Sought: House District:
МС	CASKILL, CLAIRE, , ,		x Oppose	President Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought	7 1 7		Disbursement For: Primary General Other (specify) ▶
	Name of Payee ALTIM		☐ Memo Ite	M M / D D / Y Y Y Y
Mai	ling Address P.O. BOX 809			
	1095 VENTURE DR			Amount
City		State	Zip Code	254.6
	REST	VA	24551-0809	Transaction ID : EC49BE553A59F42319C6 Date of Disbursement or Obligation
	pose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	01 / 10 / Y Y Y Y Y Y Y
Nan	ne of Federal Candidate:		Support	Office Sought: House District:
МС	CASKILL, CLAIRE, , ,		X Oppose	President Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought	1 1 1	000.07	Disbursement For: Primary General Other (specify) Other (specify)
(a) S	UBTOTAL of Itemized Independent Expenditures	;		254.60
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•
(c) T	OTAL Independent Expenditures			>
with,		ate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	ianatura		_ Date	

SCHEDULE E (FEC FOIII 3X) ITEMIZED INDEPENDENT EXPENDITURES			PAGE	129 OF 148
				LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC 		C C006	535243
Check if 24-hour report 48-hour report	New repo	ort Amends repo		D / Y Y Y Y Y
Full Name of Payee VALTIM		✗ Memo	M M / D	ibution/Dissemination 0 / Y Y Y Y Y Y Y Y 2018
Mailing Address P.O. BOX 809				2010
1095 VENTURE DR			Amount	
City	State	Zip Code		91.62
FOREST	VA	24551-0809	Transaction ID : EB	85F5166D86E8498B80D ent or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type	M = M / D	D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: Hou	use District:
MCCASKILL, CLAIRE, , ,		X Oppose	President Ser	MO
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disbursement For: 2018 Other (specify)	Primary General
Full Name of Payee ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z		☐ Memo	M M / D	ibution/Dissemination
City	State	Zip Code		933.32
LANDOVER	MD	20785	Transaction ID : E Date of Disburseme	72BC989DDDF74F2C870 ent or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	M M / D	2 / 2018
Name of Federal Candidate:		Support	Office Sought: Ho	use District:
MCCASKILL, CLAIRE, , ,		x Oppose	President X Ser	nate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbursement For: 2018 Other (specify)	Primary
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res		,,	933.32
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Date	02 / 20	2018

SCHEDULE E (FEC FOIII 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 130 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
STARS AND STRIPES FOREVER PA	4C		FEC IDENTIFICATION NUMBER ▼
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		✗ Memo	M M / D D / Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z			01 22 2018 Amount
City	State	Zip Code	150
LANDOVER	MD	20785	Transaction ID : E79968A55F4DE47B1826
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sought: House District:
MCCASKILL, CLAIRE, , ,		Coppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2796.44	Disbursement For: ☐ Primary
Full Name of Payee VALTIM		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809 1095 VENTURE DR			Amount
City FOREST	State VA	Zip Code 24551-0809	Transaction ID : E965BBBE4F82640B8807 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District:
MOORE, ROY, , ,		Oppose	President X Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 7	0	Disbursement For: Primary S General 2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. ▶ 1354.09
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•
(c) TOTAL Independent Expenditures			· >
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	·
SATTERFIELD, DAVID, , ,	[Electronically Fil	<i>led]</i> Date	e 02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 131 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
				O cours
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		✗ Memo	Item	Date of Public Distribution/Dissemination
				01 / 10 / Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			Amount
City	State	Zip Code		21.43
MCLEAN	VA	22102-3028		Transaction ID : E21CEC5C3CA8F4B7A902 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE	,	Category/ Type		M M M / D D / Y M Y M Y M Y
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose		President Senate State: MI
Calendar Year-To-Date			Disbur	sement For: Primary X General
Per Election for Office Sought	7	606.97	2018	Other (specify)
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			01 10 2010
				Amount
City	State	Zip Code		48.24
MCLEAN	VA	22102-3028		Transaction ID: E71DFB1AD1E4E4973827 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose		President State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disbur 2018	sement For:
			l	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(,,				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Date	M = 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 132 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	/ M / D D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT		🗶 Memo I	tem Date	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amou	01 22 2018 unt
City	State	Zip Code	-	255.26
MCLEAN	VA	22102-3028		saction ID : E8055EC1FE22D4BEBA46 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type] [M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STABENOW, DEBBIE, , ,		M Oppose	President Presid	MI
Calendar Year-To-Date Per Election for Office Sought	7 7	2796.44	Disburseme	nt For: Primary
Full Name of Payee COLORTREE GROUP, INC.		∡ Memo		of Public Distribution/Dissemination
Mailing Address 8000 VILLA PARK DRIVE			Amou	unt
City RICHMOND	State VA	Zip Code 23228		221.22 saction ID : E90875A15F2BD459492B
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type	Date	of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STABENOW, DEBBIE, , ,		X Oppose	Presid	MI
Calendar Year-To-Date Per Election for Office Sought	, ,	2796.44	Disburseme	nt For: Primary General Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures			-	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		
SATTERFIELD, DAVID, , ,	Electronically Fil	ed] Date	02 /	20 2018

TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 133 OF 148
NAME OF COMMITTEE (L. F. II)			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PA	AC.		FEC IDENTIFICATION NUMBER ▼
OTARO AND OTAR LOT OREVERTA			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee CP DIRECT		Memo I	M M / D D / Y Y Y Y
Mailing Address 4600A BOSTON WAY			01 22 2018 Amount
City	State	Zip Code	279.64
LANHAM	MD	20706-4858	Transaction ID : ECA0764E4C7B44299862 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2796.44	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee		X Memo I	tem Date of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GROU	UP, INC.		01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL RD. #490			Amount
City	State	Zip Code	5.6
MCLEAN	VA	22102	Transaction ID : ECEA9A3A504A446CBA4 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	606.97	Disbursement For: ☐ Primary X General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		>
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Data	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 134 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	√C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC.	X Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL RD. #490				Amount
City	State	Zip Code		123.15
MCLEAN	VA	22102		Transaction ID : EC89AEFE27AF54345B4C Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		X Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbur 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee OMEGA LIST COMPANY		∡ Memo	Item	Date of Public Distribution/Dissemination 01 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD SUITE 490				Amount
City MCLEAN	State VA	Zip Code 22102		152.24 Transaction ID: E546E439994894C0398F Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		Man / Dad / Yayayay
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbur 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
SATTERFIELD, DAVID, , ,	Electronically Fil	led] Date	e 02	M / D D / Y Y D Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y Z

TEMIZED INDEPENDENT EXPENDITURES				PAGE 135 OF 148
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PA	۸۲			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIFES FOREVER FA	40			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		X Memo	Item [Date of Public Distribution/Dissemination 01 18 2018
Mailing Address 525-K EAST MARKET STREET S	UITE 114		,	Amount
City	State	Zip Code		24.51
LEESBURG	VA	20176		Transaction ID : E40B66E11DD5247EB8F0 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
STABENOW, DEBBIE, , ,		M Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	681.61	Disburs 2018	ement For:
Full Name of Payee PARAMOUNT COMMUNICATIONS			Item [Date of Public Distribution/Dissemination M 01
Mailing Address 525-K EAST MARKET STREET S	UITE 114		4	Amount
City	State	Zip Code		1.89
LEESBURG	VA	20176		Transaction ID : ED78D58DE5BF54B88A57 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose	P	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburs 2018	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	m	20 2018

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Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 136 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	\C			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y
Full Name of Payee VALTIM		X Memo I	tem Date	e of Public Distribution/Dissemination
Mailing Address P.O. BOX 809			L	01 10 2018
1095 VENTURE DR			Amo	ount
City	State	Zip Code		233.72
FOREST	VA	24551-0809		nsaction ID : EBD8A3C5EB3B94A858A0 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
STABENOW, DEBBIE, , ,		x Oppose	Presid	MI
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought	,,	606.97	2018	Other (specify) ▶
Full Name of Payee VALTIM		☐ Memo I	tem Date	e of Public Distribution/Dissemination
				01 10 7 2018
Mailing Address P.O. BOX 809			Amo	ount
1095 VENTURE DR				
City	State	Zip Code		254.6
FOREST	VA	24551-0809		nsaction ID : E99DEC90209C24475872 e of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 / 10 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
STABENOW, DEBBIE, , ,		x Oppose	Presid	dent Senate State: MI
Calendar Year-To-Date		200.07	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	TT-	606.97	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				254.60
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		• •
SATTERFIELD, DAVID, , ,	Electronically File	ed] Date	M M / / 02	20 2018
Cianatura	*	_ Date	02	2010

TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 137 OF 148
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	Δ			FEC IDENTIFICATION NUMBER ▼
OTARO AND OTRIL EOT OREVERTA				C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee VALTIM		X Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				01 10 2018
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		Transaction ID : E2D1B02A21F1D4268896 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		X Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	606.97	Disbu 2018	rsement For: Primary
Full Name of Payee ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z		☐ Memo	Item	Date of Public Distribution/Dissemination O1
City	State	Zip Code		933.32
LANDOVER	MD	20785		Transaction ID : E85691607241147FEA40 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 22 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	2796.44	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				933.32
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led] Date	e 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 138 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		X Memo	Item Dat	te of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD. STE Z			Am	01 22 2018 nount
City	State	Zip Code		150
LANDOVER	MD	20785		ansaction ID : E904AF7EF69BA4C57A70 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ught: House District:
STABENOW, DEBBIE, , ,		X Oppose		sident X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	2796.44	Disbursem	nent For:
Full Name of Payee CAMPAIGN FUNDING DIRECT		🗷 Memo	Item Dat	te of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Am	ount
City MCLEAN	State VA	Zip Code 22102-3028		21.43 ansaction ID : E354A314A70A94DD8AE2 te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	
TESTER, JON, , ,		x Oppose	Pres	sident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	1 1	606.97	Disbursem 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	·		, [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	rac			
(b) 300 TO TAL OF OTHER HIZE OF THE OPENION EXPONENT	165		• -	
(c) TOTAL Independent Expenditures			• _	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	M = M 02	20 2018

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 139 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT		₽ Monto		01 18 2018
Mailing Address 1420 SPRING HILL ROAD, SUITE	Am	nount		
City	State	Zip Code	— I	48.24
MCLEAN	VA	22102-3028		ansaction ID : E9274DDDD79B7422CBB7 te of Disbursement or Obligation
Purpose of Expenditure ONLINE AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
TESTER, JON, , ,		Oppose	Pre	esident 🗶 Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		681.61	Disburser	1
, <u> </u>				Other (specify) ▶
Full Name of Payee CAMPAIGN FUNDING DIRECT		★ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE			Am	nount
City	State	Zip Code	— г	255.26
MCLEAN	VA	22102-3028	I	ransaction ID : ED07F0254DB954D318AE te of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL AGENCY FEE		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
TESTER, JON, , ,		x Oppose	Pre	esident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	, , ,	2796.44	Disburser 2018	ment For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			Г	0.00
, ,				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led1 –	M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 02	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 140 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	C C00635243			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee COLORTREE GROUP, INC.		X Memo	Item	Date of Public Distribution/Dissemination
				01 22 2018
Mailing Address 8000 VILLA PARK DRIVE				Amount
City	State	Zip Code		221.22
RICHMOND	VA	23228		Transaction ID : EB2C91831D01540A68F1 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		2796.44	Disbu 2018	rsement For: Primary X General
Per Election for Office Sought	7 7		2010	Other (specify) >
Full Name of Payee CP DIRECT		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 4600A BOSTON WAY				01 22 2018 Amount
City	State	Zip Code		279.64
LANHAM	MD	20706-4858		Transaction ID : E1D48CD2EAA7A4B17890 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	'ed1 -	M	M / D D / Y Y Y Y Y
Signature		Date	e 02	2 20 2018

TEMIZED INDEPENDENT EXPENDITURES					PAGE 141 OF 148
NAME OF COMMITTEE (In Full)					FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	۸.			FEC	IDENTIFICATION NUMBER ▼
STANS AND STAIL EST ONE VERT /	40			C	C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D / Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP,	INC.	X Memo	Item Da	ate of Pub	lic Distribution/Dissemination
Mailing Address 1420 SPRING HILL RD. #490					
City	State	Zip Code	<u> —</u> Г		5.6
MCLEAN	VA	22102			ID: EA89649E369BE48938ED pursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M	/ D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought:	House District:
TESTER, JON, , ,		✗ Oppose		esident	Senate State: MT
Calendar Year-To-Date				ment For:	Primary Seneral
Per Election for Office Sought	, , ,	606.97	2018	_	specify) ►
Full Name of Payee EBERLE COMMUNICATIONS GROU	JP. INC.	★ Memo	Item Da		lic Distribution/Dissemination
				01	22 / Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL RD. #490			Ar	mount	
City	State	Zip Code			123.15
MCLEAN	VA	22102	I	ransactio	n ID: E69A0BD5533F44D36860 pursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER		Category/ Type		M = M	/ D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought:	House District:
TESTER, JON, , ,		x Oppose	Pre	esident	Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	2796.44	Disburse 2018	ment For: Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •		
(c) TOTAL Independent Expenditures			• •		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	e 02	20	2018

	MIZED INDEPENDENT EXPENDITURES	ı			PAGE 142 OF 148
NAI	ME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	TARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼
					C C00635243
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee OMEGA LIST COMPANY		🗶 Memo I	Item Da	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
T	Mailing Address 1420 SPRING HILL ROAD				0. 12. 12.0
	SUITE 490			Ar	mount
ŀ	City	State	Zip Code		152.24
	MCLEAN	VA	22102	I	ransaction ID : E3FCD7AD8A57D487CAFE ate of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL LIST RENTAL/EXCHANGE		Category/ Type		M = M / D = D / Y = Y = Y
t	Name of Federal Candidate:		Support	Office So	ought: House District:
	TESTER, JON, , ,		x Oppose		esident X Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disburse 2018	ement For:
	Full Name of Payee		X Memo I	tem Da	ate of Public Distribution/Dissemination
	PARAMOUNT COMMUNICATIONS				01 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 525-K EAST MARKET STREET St	UITE 114		Ar	mount
ŀ	City	State	Zip Code		24.51
	LEESBURG	VA	20176		Transaction ID : E40F9A8F0C7B8405EB98 ate of Disbursement or Obligation
	Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M M / D D / Y Y Y Y
	Name of Federal Candidate:		Support	Office So	ought: House District:
	TESTER, JON, , ,		x Oppose	Pre	esident Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	7 7	681.61	Disburse 2018	ement For:
((a) SUBTOTAL of Itemized Independent Expenditures	}		•	0.00
((b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
((c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	м = м 02	20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Cianatura		_ Date	02	

SCHEDULE E (FEC FOIII 3X) ITEMIZED INDEPENDENT EXPENDITURES				PAGE 143 OF 148
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		🗶 Memo	M	Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREET S	UITE 114		Amount	01 18 2018 t
City	State	Zip Code		1.89
LEESBURG	VA	20176		oction ID : E32D768AAA5AE4815B39 Disbursement or Obligation
Purpose of Expenditure ONLINE MAILSHOP		Category/ Type		M / D D / Y T Y T Y
Name of Federal Candidate:		Support	Office Sought:	: House District:
TESTER, JON, , ,		y Oppose	Presider	MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	681.61	Disbursement 2018 Otl	For: Primary General her (specify) ▶
Full Name of Payee VALTIM		X Memo	M	Public Distribution/Dissemination
Mailing Address P.O. BOX 809 1095 VENTURE DR			Amount	
City FOREST	State VA	Zip Code 24551-0809		233.72 action ID: EDB29384FDAF943C4882 Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate: TESTER, JON, , ,		Support	Office Sought:	
TESTER, JON, , ,		X Oppose	Presider	nt 🗶 Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	606.97	Disbursement 2018 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		.	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	5
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Date	02 /	20 / 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 144 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
				O SUSSESS
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
VALTIM				01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR				Amount
City	State	Zip Code		91.62
FOREST	VA	24551-0809		Transaction ID : E43128212AC3E4C15A66 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MATERIALS		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	7 7	606.97	2018	Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
VALTIM				M M / D D / Y Y Y Y
Mailing Address B O DOV 200				01 10 2018
P.O. BOX 809				Amount
City	State	Zip Code		254.6
FOREST	VA	24551-0809		Transaction ID : ECFE56BF1526A429FAF2 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	7	606.97	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				254.60
			ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	adl	M =	M / D D / Y Y Y Y Y
Signature	<u>ыксы описану F ll</u>	Date	e 02	2 20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 145 OF 148
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PA	۸.			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIFES FOREVER FA	40			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee ZIP MAILING SERVICES, INC.		X Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z				Amount
City	State	Zip Code		150
LANDOVER	MD	20785		Transaction ID : E202F7A58F69B4DD8A5B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL MAILSHOP		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	2796.44	Disbu 2018	rsement For:
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 SHERIFF RD. STE Z				Amount
City	State	Zip Code		933.32
LANDOVER	MD	20785		Transaction ID : E17595FA553614BDF93C Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 / 22 / Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
TESTER, JON, , ,		x Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	2796.44	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·		• •	933.32
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed] Date	e 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 146 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
CP DIRECT				11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600A BOSTON WAY			А	mount
City	State	Zip Code		5030.22
LANHAM	MD	20706-4858		ransaction ID : E1649B6E509F542BEBD3 late of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING		Category/ Type		01 08 7 2018
Name of Federal Candidate:		Support	Office S	ought: K House District: 43
WATERS, MAXINE, , ,		x Oppose	Pi	resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	0	Disburse 2018	ement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
DANIEL CLARK ART				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7141 EGGBORNSVILLE RD			А	mount
City	State	Zip Code		350
RIXEYVILLE	VA	22737-1722		Transaction ID : E244A591D857B4ED0831 late of Disbursement or Obligation
Purpose of Expenditure BILLBOARD ADVERTISEMENT PRODUCTION		Category/ Type		01 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: 🗶 House District: 43
WATERS, MAXINE, , ,		x Oppose	Pi	resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	7140	Disburse 2018	ement For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures				5380.22
(b) SUBTOTAL of Unitemized Independent Expenditure	res		Г	
(1, 000000000000000000000000000000000000			_	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led]	M = M	20 2018
Signature		Date	e 02	20 2010

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 147 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GROUP				12 08 2017
Mailing Address 1420 SPRING HILL ROAD SUITE	490			Amount
City	State	Zip Code		52.48
MCLEAN	VA	22102-3028		Transaction ID : E8CCEA2599AED4514B5E Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL DATA CENTER	ı	Category/ Type		01 29 2018
Name of Federal Candidate:		Support	Office	Sought: House District: 43
WATERS, MAXINE, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		7140	Disburs	sement For: Primary General
,	* *			Other (specify)
Full Name of Payee LAMAR		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1121 S. BOYLE AVE.				01 15 2018
TIZTS. BOTLE AVE.				Amount
City	State	Zip Code		6790
LOS ANGELES	CA	90023-2150		Transaction ID : EAA004C04F9A144F1A6F Date of Disbursement or Obligation
Purpose of Expenditure BILLBOARD ADVERTISEMENT PLACEMENT		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 43
WATERS, MAXINE, , ,		x Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	7140	Disburs 2018	sement For: Primary
·				
(a) SUBTOTAL of Itemized Independent Expenditures	;			52.48
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Date	e 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>	_ Date	02	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 148 OF 148 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PAC				
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			tem Date	e of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				
1095 VENTURE DR				punt
City	State	Zip Code		902.72
FOREST	VA	24551-0809		nsaction ID : E130CE6F01B994180B3F of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: K House District: 43
WATERS, MAXINE, , ,		X Oppose	Presi	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7140	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo I		e of Public Distribution/Dissemination
·		_		M M / D D / Y Y Y Y
Mailing Address				
			Amo	ount
City	State	Zip Code		
			Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	dent Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) GOD TO TAL OF OTHER MEDICAL EXPONENT	103		•	
(c) TOTAL Independent Expenditures			•	28043.17
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SATTERFIELD, DAVID, , ,	[Electronically File	ed]	M = M	20 2018
Cignoture		Date	02	20 2010