

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**DEFENDARIZONA**

ADDRESS (number and street) **6635 W. HAPPY VALLEY RD.**  
**STE. A104, #198**  
 Check if different than previously reported. (ACC) **GLENDAL** **AZ** **85310**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00668301** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
OTTENHOFF, BENJAMIN, , ,  
Type or Print Name of Treasurer

Signature of Treasurer OTTENHOFF, BENJAMIN, , , [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**DEFENDARIZONA**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="199323.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8721015.00"/>	<input type="text" value="10096215.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8920338.43"/>	<input type="text" value="10096215.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8116030.92"/>	<input type="text" value="9291907.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="804307.51"/>	<input type="text" value="804307.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**DEFENDARIZONA**

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 09 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	611750.00	1986750.00
(ii) Unitemized .....	265.00	465.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	612015.00	1987215.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8050000.00	8050000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8662015.00	10037215.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	59000.00	59000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8721015.00	10096215.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8721015.00	10096215.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1455943.62	1673934.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1455943.62	1673934.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	6560087.30	7517973.34
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100000.00	100000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100000.00	100000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8116030.92	9291907.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8116030.92	9291907.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8662015.00	10037215.00
34. Total Contribution Refunds (from Line 28(d)) .....	100000.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8562015.00	9937215.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1455943.62	1673934.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	59000.00	59000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1396943.62	1614934.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. AUSTIN, WALTER, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3144 N. WILLOW CREEK DRIVE

City TUCSON	State AZ	Zip Code 85712
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PROPERTY MANAGEMENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

**Transaction ID : SA11AI.4528**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 100 GUEST STREET

City BRIGHTON	State MA	Zip Code 02135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEW BALANCE	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2018

**Transaction ID : SA11AI.4514**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4949 E. LINCOLN DRIVE  
VILLA 2

City PARADISE VALLEY	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JDM PARTNERS, LLC	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

**Transaction ID : SA11AI.4508**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. HITCHCOCK, FREDERICK, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9101 ALTA DR  
 UNIT 1702  
 City LAS VEGAS State NV Zip Code 89145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HITCHCOCK AUTOMOTIVE RESOURCES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 62500.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA11AI.4526**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
**CONTRIBUTION**

**B. HITCHCOCK, FREDERICK, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9101 ALTA DR  
 UNIT 1702  
 City LAS VEGAS State NV Zip Code 89145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HITCHCOCK AUTOMOTIVE RESOURCES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA11AI.4527**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
**CONTRIBUTION**

**C. KASSER, I, MICHAEL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3573 E. SUNRISE DRIVE  
 SUITE 225  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOLUALOA ARIZONA, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 08 / 10 / 2018  
**Transaction ID : SA11AI.4506**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

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

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City PARADISE VALLEY	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

**Transaction ID : SA11AI.4517**

Amount of Each Receipt this Period  
100000.00

Memo Item CONTRIBUTION

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

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City PARADISE VALLEY	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

**Transaction ID : SA11AI.4518**

Amount of Each Receipt this Period  
50000.00

Memo Item CONTRIBUTION

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

Mailing Address 35 MILLER AVE #247

City MILL VALLEY	State CA	Zip Code 94941
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) WRITER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

**Transaction ID : SA11AI.4520**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. MILLER, VIVIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 BIRDSONG WAY  
 City HILTON HEAD ISLAND State SC Zip Code 29926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA11AI.4525**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. PARSONS, ROBERT, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15475 N. 84TH STREET  
 City SCOTTSDALE State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YAM WORLDWIDE, INC. Occupation (for Individual) ENTREPRENEUR/PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.4521**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

**C. STEPHENS, WARREN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 CENTER ST STE 200  
 City LITTLE ROCK State AR Zip Code 72201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEPHENS, INC. Occupation (for Individual) CHAIRMAN, PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.4516**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TOOKER, DIANE, , ,</b>		Date of Receipt
Mailing Address 15802 N. 71ST ST UNIT 657		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2018"/>
City SCOTTSDALE	State AZ	Zip Code 85254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4513</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TOOKER, GARY, , ,</b>		Date of Receipt
Mailing Address 15802 N. 71ST ST UNIT 657		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2018"/>
City SCOTTSDALE	State AZ	Zip Code 85254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4512</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. UNITED STATES SUGAR CORPORATION</b>		Date of Receipt
Mailing Address 111 PONCE DE LEON AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City CLEWISTON	State FL	Zip Code 33440
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4530</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 57  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. W R A INVESTMENTS**

Mailing Address PO BOX 26945

City TUCSON	State AZ	Zip Code 85726
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		10		2018

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	611750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. SENATE LEADERSHIP FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

**Transaction ID : SA11C.4505**

Amount of Each Receipt this Period  
800000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

**Transaction ID : SA11C.4507**

Amount of Each Receipt this Period  
1800000.00

Memo Item  
CONTRIBUTION

**C. SENATE LEADERSHIP FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3200000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11C.4510**

Amount of Each Receipt this Period  
600000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. SENATE LEADERSHIP FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2018

**Transaction ID : SA11C.4511**

Amount of Each Receipt this Period  
900000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5300000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

**Transaction ID : SA11C.4515**

Amount of Each Receipt this Period  
1200000.00

Memo Item  
CONTRIBUTION

**C. SENATE LEADERSHIP FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
6050000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

**Transaction ID : SA11C.4523**

Amount of Each Receipt this Period  
750000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 57  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SENATE LEADERSHIP FUND**

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571703

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8050000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		27		2018

**Transaction ID : SA11C.4529**

Amount of Each Receipt this Period  
2000000.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000000.00
<b>TOTAL</b> This Period (last page this line number only).....	8050000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 57  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**FP1 DIGITAL, LLC**

Mailing Address **1826 JEFFERSON PL, NW**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
---------------------------	--------------------	--------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**59000.00**

Date of Receipt  
**08 / 23 / 2018**

**Transaction ID : SA15.4532**

Amount of Each Receipt this Period  
**59000.00**

Memo Item  
**REFUND - MEDIA**

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item \_\_\_\_\_

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>59000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>59000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address P.O.BOX 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4467</b> Amount of Each Disbursement this Period [REDACTED] 441.00	
City DALLAS	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement CREDIT CARD PAYMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address 3680 HACKS CROSS ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4467.C</b> Amount of Each Disbursement this Period [REDACTED] 85.34	
City MEMPHIS	State TN	Zip Code 38125	Category/ Type [REDACTED]
Purpose of Disbursement DELIVERY SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4467.</b> Amount of Each Disbursement this Period [REDACTED] 355.66	
City FORT WORTH	State TX	Zip Code 76155	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 441.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address P.O.BOX 650448		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4468</b> Amount of Each Disbursement this Period [ ] 357.52	
City DALLAS	State TX	Zip Code 75265	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD PAYMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address 3680 HACKS CROSS ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4468.c</b> Amount of Each Disbursement this Period [ ] 67.11	
City MEMPHIS	State TN	Zip Code 38125	Category/ Type [ ]
Purpose of Disbursement DELIVERY SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4468.</b> Amount of Each Disbursement this Period [ ] 177.19	
City FORT WORTH	State TX	Zip Code 76155	Category/ Type [ ]
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 357.52
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 5555 HILTON AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4399</b> Amount of Each Disbursement this Period [ ] 400.30	
City BATON ROUGE	State LA	Zip Code 70808	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018	
Mailing Address 5555 HILTON AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4400</b> Amount of Each Disbursement this Period [ ] 200.80	
City BATON ROUGE	State LA	Zip Code 70808	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018	
Mailing Address 5555 HILTON AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4401</b> Amount of Each Disbursement this Period [ ] 200.30	
City BATON ROUGE	State LA	Zip Code 70808	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 801.40
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial)  
**A. ANEDOT, INC.**

Date of Disbursement  
MM / DD / YYYY  
09 / 17 / 2018

Mailing Address 5555 HILTON AVE.

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4402**  
Amount of Each Disbursement this Period  
4000.30

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ANEDOT, INC.**

Date of Disbursement  
MM / DD / YYYY  
09 / 19 / 2018

Mailing Address 5555 HILTON AVE.

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4403**  
Amount of Each Disbursement this Period  
2022.30

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
09 / 20 / 2018

Mailing Address 5555 HILTON AVE.

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4404**  
Amount of Each Disbursement this Period  
8.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6030.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2018	
Mailing Address 5555 HILTON AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4405</b> Amount of Each Disbursement this Period [REDACTED] 1.30	
City BATON ROUGE	State LA	Zip Code 70808	Category/ Type [REDACTED]
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 5555 HILTON AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4406</b> Amount of Each Disbursement this Period [REDACTED] 1010.90	
City BATON ROUGE	State LA	Zip Code 70808	Category/ Type [REDACTED]
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BLACK ROCK GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018	
Mailing Address 66 CANAL CENTER PLAZA SUITE 500		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4466</b> Amount of Each Disbursement this Period [REDACTED] 1259.29	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[REDACTED] 2271.49

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. BMO CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018	
Mailing Address PO BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4407</b> Amount of Each Disbursement this Period [ ] 1125.00	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BMO CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018	
Mailing Address PO BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4408</b> Amount of Each Disbursement this Period [ ] 3825.00	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4409</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4970.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4410</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 80.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4411</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 40.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4412</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 80.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ]	District: [ ]	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4413</b> Amount of Each Disbursement this Period [ ] 60.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4414</b> Amount of Each Disbursement this Period [ ] 40.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4415</b> Amount of Each Disbursement this Period [ ] 40.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4416</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4417</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4418</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4419</b> Amount of Each Disbursement this Period [ ] 60.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4420</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4421</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK CHARGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4422</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 60.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4423</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4424</b>
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [ ] 40.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4425</b> Amount of Each Disbursement this Period [ ] 60.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4426</b> Amount of Each Disbursement this Period [ ] 40.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4427</b> Amount of Each Disbursement this Period [ ] 20.00
City MCCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. CONNECTION STRATEGY, LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 25913

M M M	/	D D D	/	Y Y Y Y Y
08		09		2018

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

FEC Identification Number

Purpose of Disbursement  
SURVEY RESEARCH

C
---

Candidate Name

Category/  
Type

Transaction ID : SB21B.4443

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

4681.69
---------

State: District:

Memo Item

**B. CONNECTION STRATEGY, LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 25913

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

FEC Identification Number

Purpose of Disbursement  
PHONE CALLS

C
---

Candidate Name

Category/  
Type

Transaction ID : SB21B.4442

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

2252.16
---------

State: District:

Memo Item

**C. DMM MEDIA**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1911 N. FORT MYER DRIVE  
STE 400

M M M	/	D D D	/	Y Y Y Y Y
08		21		2018

City  
ARLINGTON

State  
VA

Zip Code  
22209

FEC Identification Number

Purpose of Disbursement  
MEDIA PRODUCTION

C
---

Candidate Name

Category/  
Type

Transaction ID : SB21B.4444

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

10361.27
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State: District:

Memo Item

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

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

17295.12
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial)

**A. DMM MEDIA**

Mailing Address 1911 N. FORT MYER DRIVE  
STE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4445  
Amount of Each Disbursement this Period  
418.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. DMM MEDIA**

Mailing Address 1911 N. FORT MYER DRIVE  
STE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4446  
Amount of Each Disbursement this Period  
419.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. FREEDOM FORCE, LLC**

Mailing Address 1050 CONNECTICUT AVENUE, NW

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4447  
Amount of Each Disbursement this Period  
10000.00

Memo Item

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

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

10838.05

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. FREEDOM FORCE, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address 1050 CONNECTICUT AVENUE, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4448</b> Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20035
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 45 NORTH HILL DRIVE SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4451</b> Amount of Each Disbursement this Period 6975.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LOVAS CO, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 6635 W. HAPPY VALLEY RD. SUITE A-104, PMB 198		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4452</b> Amount of Each Disbursement this Period 7500.00
City GLENDALE	State AZ	Zip Code 85310
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. LOVAS CO, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 6635 W. HAPPY VALLEY RD. SUITE A-104, PMB 198		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4453</b> Amount of Each Disbursement this Period 7500.00
City GLENDALE	State AZ	Zip Code 85310
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. LOVAS CO, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 6635 W. HAPPY VALLEY RD. SUITE A-104, PMB 198		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4454</b> Amount of Each Disbursement this Period 50000.00
City GLENDALE	State AZ	Zip Code 85310
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MARSON MEDIA</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 330 E THOMAS ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4455</b> Amount of Each Disbursement this Period 5000.00
City PHOENIX	State AZ	Zip Code 85012
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	62500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. MARSON MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 330 E THOMAS ROAD		FEC Identification Number C <b>Transaction ID : SB21B.4456</b> Amount of Each Disbursement this Period 5000.00
City PHOENIX	State AZ	
Zip Code 85012	Purpose of Disbursement COMMUNICATIONS CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OPN SESAME</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 1101 K STREET NW SUITE 810		FEC Identification Number C <b>Transaction ID : SB21B.4457</b> Amount of Each Disbursement this Period 10008.83
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement SURVEY RESEARCH	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PUBLIC OPINION STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C <b>Transaction ID : SB21B.4458</b> Amount of Each Disbursement this Period 9000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement SURVEY RESEARCH	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

24008.83

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. PUBLIC OPINION STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4459</b> Amount of Each Disbursement this Period [ ] 26365.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement SURVEY RESEARCH		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PUBLIC OPINION STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4460</b> Amount of Each Disbursement this Period [ ] 11500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement SURVEY RESEARCH		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PUBLIC OPINION STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4461</b> Amount of Each Disbursement this Period [ ] 24670.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement SURVEY RESEARCH		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 62535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

Full Name (Last, First, Middle Initial) <b>A. RED RIGHT MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address PO BOX 2274		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4548</b> Amount of Each Disbursement this Period [REDACTED] 923835.81
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement DEPOSIT - MEDIA PLACEMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TARGET ENTERPRISES</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 15260 VENTURA BLVD SUITE 1240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4550</b> Amount of Each Disbursement this Period [REDACTED] 297802.50
City SHERMAN OAKS	State CA	Zip Code 91403
Purpose of Disbursement DEPOSIT - MEDIA PLACEMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THREE ARBOR INSURANCE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 421 OFFICE PARK DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4463</b> Amount of Each Disbursement this Period [REDACTED] 17041.00
City BIRMINGHAM	State AL	Zip Code 35223
Purpose of Disbursement INSURANCE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1238679.31
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 1455943.62

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DEFENDARIZONA**

**A. HIGHWAY 76 LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1209 ORANGE STREET

City WILIMINGTON State DE Zip Code 19801

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB28A.4531

Amount of Each Disbursement this Period: 100000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure PRINTING/POSTAGE
Date of Public Distribution/Dissemination 08/15/2018
Amount 53432.50
Transaction ID : SE.4303
Date of Disbursement or Obligation 08/15/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure PRINTING/POSTAGE
Date of Public Distribution/Dissemination 08/15/2018
Amount 53432.50
Transaction ID : SE.4304
Date of Disbursement or Obligation 08/15/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 106865.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

OTTENHOFF, BENJAMIN, ,

[Electronically Filed]

Date 10/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure PRINTING/POSTAGE
Date of Public Distribution/Dissemination 08/17/2018
Amount 72191.00
Transaction ID: SE.4310
Date of Disbursement or Obligation 08/17/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Date of Public Distribution/Dissemination 09/17/2018
Amount 47311.00
Transaction ID: SE.4360
Date of Disbursement or Obligation 09/17/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 119502.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature OTTENHOFF, BENJAMIN, , [Electronically Filed]

Date 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Date of Public Distribution/Dissemination 09 / 19 / 2018
Amount 70428.00
Transaction ID : SE.4372
Date of Disbursement or Obligation 09 / 18 / 2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Date of Public Distribution/Dissemination 09 / 21 / 2018
Amount 80729.00
Transaction ID : SE.4375
Date of Disbursement or Obligation 09 / 18 / 2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 151157.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

OTTENHOFF, BENJAMIN, ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 3077458.37
Disbursement For: General 2018

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 3331339.81
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 115582.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

OTTENHOFF, BENJAMIN, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee ARENA COMMUNICATIONS
Mailing Address 1780 SEQUOIA VISTA CIRCLE
City SALT LAKE CITY State UT Zip Code 84104
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION
Date of Public Distribution/Dissemination 09 / 28 / 2018
Amount 55625.00
Transaction ID : SE.4393
Date of Disbursement or Obligation 09 / 28 / 2018

Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CONNECTION STRATEGY, LLC
Mailing Address PO BOX 25913
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 08 / 14 / 2018
Amount 1007.70
Transaction ID : SE.4300
Date of Disbursement or Obligation 08 / 14 / 2018

Name of Federal Candidate: MCSALLY, MARTHA, , ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56632.70
(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.

OTTENHOFF, BENJAMIN, , ,

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Date 10 / 15 / 2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee CONNECTION STRATEGY, LLC
Mailing Address PO BOX 25913
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 08/16/2018
Amount 1031.05
Transaction ID : SE.4311
Date of Disbursement or Obligation 08/16/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CONNECTION STRATEGY, LLC
Mailing Address PO BOX 25913
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 08/22/2018
Amount 967.65
Transaction ID : SE.4333
Date of Disbursement or Obligation 08/22/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1998.70
(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.

OTTENHOFF, BENJAMIN, ,

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Date 10/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee CONNECTION STRATEGY, LLC
Mailing Address PO BOX 25913
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 08/24/2018
Amount 2252.10
Transaction ID : SE.4336
Date of Disbursement or Obligation 08/24/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General
Other (specify)

Full Name of Payee DMM MEDIA
Mailing Address 1911 N. FORT MYER DRIVE STE 400
City ARLINGTON State VA Zip Code 22209
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 08/11/2018
Amount 15843.73
Transaction ID : SE.4231
Date of Disbursement or Obligation 08/11/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18095.83
(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.

OTTENHOFF, BENJAMIN, ,

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Date 10/15/2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee DMM MEDIA
Mailing Address 1911 N. FORT MYER DRIVE STE 400
City ARLINGTON State VA Zip Code 22209
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 09/11/2018
Amount 15820.93
Transaction ID: SE.4352
Date of Disbursement or Obligation 09/11/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee DMM MEDIA
Mailing Address 1911 N. FORT MYER DRIVE STE 400
City ARLINGTON State VA Zip Code 22209
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 09/18/2018
Amount 12861.56
Transaction ID: SE.4364
Date of Disbursement or Obligation 09/18/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28682.49
(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.

OTTENHOFF, BENJAMIN, ,

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Date

10/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee DMM MEDIA
Mailing Address 1911 N. FORT MYER DRIVE STE 400
City ARLINGTON State VA Zip Code 22209
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 1822569.14
Disbursement For: 2018 General

Full Name of Payee DMM MEDIA
Mailing Address 1911 N. FORT MYER DRIVE STE 400
City ARLINGTON State VA Zip Code 22209
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 3028558.37
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 15675.65
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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OTTENHOFF, BENJAMIN, , ,

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10 / 15 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/11/2018
Amount 87000.00
Transaction ID: SE.4227
Date of Disbursement or Obligation 08/11/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1044886.04

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/14/2018
Amount 46000.00
Transaction ID: SE.4270
Date of Disbursement or Obligation 08/14/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 2640040.12

(a) SUBTOTAL of Itemized Independent Expenditures 133000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature OTTENHOFF, BENJAMIN, , [Electronically Filed] Date 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/15/2018
Amount 117848.00
Transaction ID : SE.4288
Date of Disbursement or Obligation 08/14/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 2757888.12

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/18/2018
Amount 136000.00
Transaction ID : SE.4315
Date of Disbursement or Obligation 08/18/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 3093983.41

(a) SUBTOTAL of Itemized Independent Expenditures 253848.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature OTTENHOFF, BENJAMIN, ,

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Date 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/22/2018
Amount 66785.00
Transaction ID: SE.4325
Date of Disbursement or Obligation 08/21/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 411654.44

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 09/11/2018
Amount 186750.00
Transaction ID: SE.4353
Date of Disbursement or Obligation 09/11/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 914912.72

(a) SUBTOTAL of Itemized Independent Expenditures 253535.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

OTTENHOFF, BENJAMIN, ,

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Date 10/15/2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 2009735.84
Disbursement For: General 2018

Full Name of Payee FP1 DIGITAL, LLC
Mailing Address 1826 JEFFERSON PL, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 3261282.81
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 370991.14
(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.

OTTENHOFF, BENJAMIN, , ,

[Electronically Filed]

Date

10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee OPN SESAME
Mailing Address 1101 K STREET NW SUITE 810
City WASHINGTON State DC Zip Code 20005
Purpose of Expenditure SMS MESSAGING
Name of Federal Candidate: WARD, KELLI, , ,
Calendar Year-To-Date Per Election for Office Sought 4123585.62
Disbursement For: Primary

Full Name of Payee OPN SESAME
Mailing Address 1101 K STREET NW SUITE 810
City WASHINGTON State DC Zip Code 20005
Purpose of Expenditure SMS MESSAGING
Name of Federal Candidate: MCSALLY, MARTHA, , ,
Calendar Year-To-Date Per Election for Office Sought 4131008.53
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 11234.34
(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.

OTTENHOFF, BENJAMIN, , ,

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Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/14/2018
Amount 659367.35
Transaction ID: SE.4234
Date of Disbursement or Obligation 08/13/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1723097.12

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/14/2018
Amount 217944.20
Transaction ID: SE.4268
Date of Disbursement or Obligation 08/13/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1941041.32

(a) SUBTOTAL of Itemized Independent Expenditures 877311.55
(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.

Signature OTTENHOFF, BENJAMIN, , [Electronically Filed]

Date 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/15/2018
Amount 652998.80
Transaction ID: SE.4287
Date of Disbursement or Obligation 08/13/2018

Name of Federal Candidate: MCSALLY, MARTHA, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 08/21/2018
Amount 525403.17
Transaction ID: SE.4321
Date of Disbursement or Obligation 08/20/2018

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1178401.97
(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.

Signature OTTENHOFF, BENJAMIN, ,

[Electronically Filed]

Date 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: MCSALLY, MARTHA, , ,
Calendar Year-To-Date Per Election for Office Sought 4049769.44

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 662286.85

(a) SUBTOTAL of Itemized Independent Expenditures 1077001.36
(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.

OTTENHOFF, BENJAMIN, , ,

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Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 09/11/2018
Amount 50054.94
Transaction ID : SE.4344
Date of Disbursement or Obligation 09/11/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 09/18/2018
Amount 841310.39
Transaction ID : SE.4363
Date of Disbursement or Obligation 09/13/2018

Name of Federal Candidate: SINEMA, KYRSTEN, ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 891365.33
(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.

OTTENHOFF, BENJAMIN, ,

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Date 10/15/2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DEFENDARIZONA
FEC IDENTIFICATION NUMBER C C00668301

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

Full Name of Payee RED RIGHT MEDIA
Mailing Address PO BOX 2274
City ARLINGTON State VA Zip Code 22202
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: SINEMA, KYRSTEN, ,
Calendar Year-To-Date Per Election for Office Sought 3015681.19
Disbursement For: General 2018

Full Name of Payee RICHARD SALES MEDIA
Mailing Address 2375 E CAMELBACK RD SUITE 600
City PHOENIX State AZ Zip Code 85016
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: WARD, KELLI, ,
Calendar Year-To-Date Per Election for Office Sought 1047886.04
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 857788.35
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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OTTENHOFF, BENJAMIN, ,

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Date 10 / 15 / 2018

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>DEFENDARIZONA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00668301
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 2375 E CAMELBACK RD SUITE 600			Amount <input type="text"/>		
City PHOENIX	State AZ	Zip Code 85016	<b>Transaction ID : SE.4307</b>		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
2884761.36					

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 2375 E CAMELBACK RD SUITE 600			Amount <input type="text"/>		
City PHOENIX	State AZ	Zip Code 85016	<b>Transaction ID : SE.4354</b>		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
918287.72					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

OTTENHOFF, BENJAMIN, , ,

[Electronically Filed]

Date  /  /

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>DEFENDARIZONA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00668301
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>2375 E CAMELBACK RD SUITE 600</b>		Amount <input type="text"/>	
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85016</b>	<b>Transaction ID : SE.4385</b>
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>SINEMA, KYRSTEN, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

OTTENHOFF, BENJAMIN, , ,

*[Electronically Filed]*

Date  /  /

Signature