

**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

Working Americans for Affordable Healthcare

ADDRESS (number and street)

275 7th Avenue 16th Floor

Check if different
than previously
reported. (ACC)

New York

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00627372

3. IS THIS
REPORTNEW
(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

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

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

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

in the
State of

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

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

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

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

in the
State of

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

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2017M M / D D / Y Y Y Y Y Y
01 01 2017M M / D D / Y Y Y Y Y Y
01 01 2017

through

M M / D D / Y Y Y Y Y Y
06 30 2017M M / D D / Y Y Y Y Y Y
06 30 2017M M / D D / Y Y Y Y Y Y
06 30 2017

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

Barnes, Timothy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Barnes, Timothy, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 21 2017M M / D D / Y Y Y Y Y Y
07 21 2017M M / D D / Y Y Y Y Y Y
07 21 2017

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Working Americans for Affordable Healthcare

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		220421.28
(b) Cash on Hand at Beginning of Reporting Period.....	220421.28	
(c) Total Receipts (from Line 19)	468831.61	468831.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	689252.89	689252.89
7. Total Disbursements (from Line 31)	654304.22	654304.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34948.67	34948.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Working Americans for Affordable Healthcare

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2017

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2017

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	390000.00	390000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	390000.00	390000.00
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).....	78831.61	78831.61
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))	468831.61	468831.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	468831.61	468831.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	619304.22	619304.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	619304.22	619304.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	35000.00	35000.00
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)) ..	654304.22	654304.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	654304.22	654304.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	390000.00	390000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	390000.00	390000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	619304.22	619304.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	78831.61	78831.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	540472.61	540472.61

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 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working Americans for Affordable Healthcare

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

A. UNITE HERE State and Local Fund

Mailing Address 275 7th Avenue 11th Floor

City
New York

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

03 / 16 / 2017

Transaction ID : A2017-15539

Amount of Each Receipt this Period

150000.00

☐ Memo Item

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

B. UNITE HERE State and Local Fund

Mailing Address 275 7th Avenue 11th Floor

City
New York

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

340000.00

Date of Receipt

03 / 17 / 2017

Transaction ID : A2017-15543

Amount of Each Receipt this Period

190000.00

☐ Memo Item

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

C. UNITE HERE State and Local Fund

Mailing Address 275 7th Avenue 11th Floor

City
New York

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify)
Not Applicable

Aggregate Year-to-Date ▼

390000.00

Date of Receipt

03 / 20 / 2017

Transaction ID : A2017-15542

Amount of Each Receipt this Period

50000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

390000.00

390000.00

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 14
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working Americans for Affordable Healthcare

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

A. Chong and Koster

Mailing Address 1640 Rhode Island Avenue NW Suite

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

78831.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : A2017-15618

Amount of Each Receipt this Period

78831.61

☐ Memo Item

Offsets to Oper. Exp

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 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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

78831.61

78831.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Trister Ross Schadler & Gold PLLC

Mailing Address 1666 Connecticut Ave. NW

City
WashingtonState
DCZip Code
20009Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : B645767

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Printer's Wholesale Group Inc

Mailing Address 3801 N. Causeway Blvd ste 203

City
MetairieState
LAZip Code
70002Purpose of Disbursement
Mailers and Door Hangers

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : B643937

Amount of Each Disbursement this Period

826.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chong and Koster

Mailing Address 1640 Rhode Island Avenue NW Suite

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Media Consulting and Ad Buy

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B641774

Amount of Each Disbursement this Period

188391.57

☐ Memo Item

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

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

189567.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Mitchell Publishing

Mailing Address 127 South Anderson Street

City
Los AngelesState
CAZip Code
90033Purpose of Disbursement
Door Hangers

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : B643069

Amount of Each Disbursement this Period

5962.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mitchell Publishing

Mailing Address 127 South Anderson Street

City
Los AngelesState
CAZip Code
90033Purpose of Disbursement
Door Hanger Shipping

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	6		2	0	1	7		

FEC Identification Number

C

Transaction ID : B643556

Amount of Each Disbursement this Period

1371.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chong and Koster

Mailing Address 1640 Rhode Island Avenue NW Suite

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Ad/Media Buy

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	6		2	0	1	7		

FEC Identification Number

C

Transaction ID : B643653

Amount of Each Disbursement this Period

150000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

157333.40

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 PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Red Sun Press

Mailing Address 94 Green Street

City
BostonState
MAZip Code
02130Purpose of Disbursement
Door Hangers

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : B643732

Amount of Each Disbursement this Period

6550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chong and Koster

Mailing Address 1640 Rhode Island Avenue NW Suite

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Media Consulting and Ad Buy

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : B643853

Amount of Each Disbursement this Period

187956.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Pivot Group Inc

Mailing Address 1101 30th Street NW Suite 315

City
WashingtonState
DCZip Code
20007Purpose of Disbursement
Membership Comm/Outreach

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : B643840

Amount of Each Disbursement this Period

40922.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

235428.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. JVA Campaigns

Mailing Address 240 N 5th Street Suite 360

City
ColumbusState
OHZip Code
43215Purpose of Disbursement
Robo Calls

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : B645392

Amount of Each Disbursement this Period

3537.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JVA Campaigns

Mailing Address 240 N 5th Street Suite 360

City
ColumbusState
OHZip Code
43215Purpose of Disbursement
Radio Ads

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : B646546

Amount of Each Disbursement this Period

31800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : B640599

Amount of Each Disbursement this Period

567.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

35904.57

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 PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2017

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B636669

Amount of Each Disbursement this Period

- 889.35

☐ Memo Item Voted: Original check dated 12/13/16

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2017

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B643701

Amount of Each Disbursement this Period

889.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Public Affairs Support Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2017

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B644470

Amount of Each Disbursement this Period

288.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

288.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<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)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B645410

Amount of Each Disbursement this Period

57.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2017

Mailing Address 1950 Roland Clarke Place Suite 300

City
RestonState
VAZip Code
20191Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B646505

Amount of Each Disbursement this Period

374.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

432.20

618955.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

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

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NAME OF COMMITTEE (In Full)

Working Americans for Affordable Healthcare

Full Name (Last, First, Middle Initial)

A. Alliance to Fight the 40

Mailing Address 1501 M Street NW Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

FEC Identification Number

C**Transaction ID : B649410**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alliance to Fight the 40

Mailing Address 1501 M Street NW Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2017

FEC Identification Number

C**Transaction ID : B650599**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

35000.00