



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Republican Majority Fund**

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"/>		423922.95
(b) Cash on Hand at Beginning of Reporting Period.....	372010.52	
(c) Total Receipts (from Line 19) .....	35212.82	189666.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	407223.34	613589.58
7. Total Disbursements (from Line 31).....	76455.92	282822.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	330767.42	330767.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Republican Majority Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2018

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7300.00	43300.00
(ii) Unitemized .....	6412.82	30341.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13712.82	73641.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18500.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32212.82	107141.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	74458.80
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).....	3000.00	3066.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	35212.82	189666.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35212.82	189666.63

**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 .....	68455.92	224702.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	68455.92	224702.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	55000.00
24. Independent Expenditures (use Schedule E) .....	2000.00	2000.00
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).....	1000.00	1120.00
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)) ..	76455.92	282822.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76455.92	282822.16

**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) .....	32212.82	107141.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32212.82	107141.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	68455.92	224702.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3000.00	3066.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65455.92	221635.40

**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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ROSENTHAL, ROBERT, , MR.,</b>		Date of Receipt
Mailing Address 4444 W. RIVERSIDE DRIVE STE 303		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2018"/>
City BURBANK	State CA	Zip Code 91505-4077
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.118916</b>
Name of Employer (for Individual) SPIRIT OF AMERICA TOUR		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) FOUNDER		<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="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CHAPMAN, DUANE, , MR.,</b>		Date of Receipt
Mailing Address 21622 STONEWOOD LN		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City ROLAND	State AR	Zip Code 72135-9767
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.119170</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BELLUS, WILLIAM, T., MR.,</b>		Date of Receipt
Mailing Address 1239 OCEAN SHORE BLVD APT 7B		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2018"/>
City ORMOND BEACH	State FL	Zip Code 32176-3692
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.120374</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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)  
**Republican Majority Fund**

**A. BROWN, MARION, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 CRESTWOOD ST  
 City SPRINGDALE State AR Zip Code 72762-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2018  
**Transaction ID : SA11A.120224**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. COOVERT, ISABELLE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 DEACON DR.  
 City SAINT LOUIS State MO Zip Code 63131-4802  
 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 ▼ 300.00

Date of Receipt 05 / 29 / 2018  
**Transaction ID : SA11A.120214**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MURPHY, PATRICIA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4309 BLACKLAND WAY  
 City MARIETTA State GA Zip Code 30067-4005  
 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 ▼ 1000.00

Date of Receipt 05 / 29 / 2018  
**Transaction ID : SA11A.120370**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	7300.00

**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 8 OF 21
<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)  
**Republican Majority Fund**

**A. T-MOBILE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 PENNSYLVANIA AVE NW STE 800N

City WASHINGTON	State DC	Zip Code 20004-2665
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FEC ID number of contributing federal political committee. **C** C00361758

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

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2018

**Transaction ID : SA11C.118948**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1625 PRINCE STREET SUITE 225

City ALEXANDRIA	State VA	Zip Code 22314-2882
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FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer (for Individual)	Occupation (for Individual)
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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  
 05 / 14 / 2018

**Transaction ID : SA11C.119174**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City ARLINGTON	State VA	Zip Code 22202-3706
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FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2018

**Transaction ID : SA11C.119175**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 21
<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)  
**Republican Majority Fund**

**A. NATIONAL CONFECTIONERS ASSOC., PAC**

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

Mailing Address 1101 30TH ST NW STE 200

City WASHINGTON	State DC	Zip Code 20007-3769
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FEC ID number of contributing federal political committee. **C** C00003855

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

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
05	/	14	/	2018

**Transaction ID : SA11C.119176**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. WAL-MART STORES, INC. PAC**

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

Mailing Address 702 SW 8TH ST

City BENTONVILLE	State AR	Zip Code 72716-6209
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FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

**Transaction ID : SA11C.119177**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE**

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

Mailing Address 1015 15TH STREET NW  
SUITE 920

City WASHINGTON	State DC	Zip Code 20005-2623
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FEC ID number of contributing federal political committee. **C** C00432252

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 M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

**Transaction ID : SA11C.120474**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	18500.00

**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 10 OF 21
<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)  
**Republican Majority Fund**

**A. THE RITZ-CARLTON, ST. THOMAS**

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

Mailing Address 3191 GRAND AVENUE  
#330867

City MIAMI	State FL	Zip Code 33233
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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 ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2018

**Transaction ID : SA15.3674**

Amount of Each Receipt this Period  
3000.00

Memo Item  
REFUND: DEPOSIT

REFUND OF 4/14/2017 EVENT DEPOSIT

**B.**

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

Mailing Address

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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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
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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 ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. OPTIMUS CONSULTING, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 130 NORTH FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC DATA ANALYTICS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3631  
Amount of Each Disbursement this Period: 9091.00

Memo Item

**B. FOLEY & LARDNER, LLP**

Full Name (Last, First, Middle Initial)  
Mailing Address 3000 K STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC LEGAL SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3632  
Amount of Each Disbursement this Period: 397.50

Memo Item

**C. O'DONNELL AND ASSOCIATES, LTD.**

Full Name (Last, First, Middle Initial)  
Mailing Address 829 EMERALD DRIVE

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement  
PAC COMMUNICATIONS/POLITICAL CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3630  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13488.50

**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)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I3697**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNELL DONATELLI, INC.**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC DIGITAL ADS

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I3633**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC WEBSITE/EMAIL SERVICES/DOMAIN RENEWAL

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I3641**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. KOCH &amp; HOOS, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address 901 N WASHINGTON ST STE 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3642</b> Amount of Each Disbursement this Period 3743.75
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAC ACCOUNTING 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. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2018
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3645</b> Amount of Each Disbursement this Period 1299.07
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS		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. CHARLIE PALMER STEAK</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2018
Mailing Address 101 CONSTITUTION AVE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3648</b> Amount of Each Disbursement this Period 650.00
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement PAC FOOD & BEVERAGE		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 checked="" type="checkbox"/> Memo Item	

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

5042.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. HOTEL ZACHARY**

Mailing Address 3630 N CLARK STREET

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement  
PAC LODGING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3657

Amount of Each Disbursement this Period

[REDACTED] 703.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. LA LIMOUSINE**

Mailing Address 21407 BUDLONG AVE

City TORRANCE State CA Zip Code 90502

Purpose of Disbursement  
PAC TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3652

Amount of Each Disbursement this Period

[REDACTED] 158.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. LA LIMOUSINE**

Mailing Address 21407 BUDLONG AVE

City TORRANCE State CA Zip Code 90502

Purpose of Disbursement  
PAC TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3653

Amount of Each Disbursement this Period

[REDACTED] 173.92

Memo Item

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

[REDACTED] 0.00

**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)  
**Republican Majority Fund**

**A. UNITED AIRLINES INC**

Full Name (Last, First, Middle Initial)

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement PAC TRAVEL CREDIT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I3651

Amount of Each Disbursement this Period: - 789.20

Memo Item

**B. UNITED AIRLINES INC**

Full Name (Last, First, Middle Initial)

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement PAC TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I3654

Amount of Each Disbursement this Period: 49.00

Memo Item

**C. UNITED AIRLINES INC**

Full Name (Last, First, Middle Initial)

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement PAC TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I3661

Amount of Each Disbursement this Period: 19.99

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Republican Majority Fund**

**A. RIGHT COUNTRY LISTS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC LIST RENTAL

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 24 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3678  
Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. KRISTOL, JOSEPH, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 423 E 84TH STREET APT 2

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement PAC FUNDRAISING/MANAGEMENT CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 29 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3681  
Amount of Each Disbursement this Period: 1725.00

Memo Item

**C. RITCHIE, ANDREW, S., ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 1001 4TH STREET, SW APT #317

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement PAC FUNDRAISING/POLITICAL CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 31 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.I3684  
Amount of Each Disbursement this Period: 750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12475.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. RIZZO, LAURA, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 1316 ALEXANDRIA AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3685</b> Amount of Each Disbursement this Period [ ] 775.00
City ALEXANDRIA	State VA	Zip Code 22308
Purpose of Disbursement PAC 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. O'DONNELL AND ASSOCIATES, LTD.</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 829 EMERALD DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3682</b> Amount of Each Disbursement this Period [ ] 4000.00
City ALEXANDRIA	State VA	Zip Code 22308
Purpose of Disbursement PAC COMMUNICATIONS/POLITICAL 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.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		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	

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

4775.00

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

68455.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. RENACCI FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement CONTRIBUTION

Candidate Name RENACCI, JAMES, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 00

Date of Disbursement: 05 / 15 / 2018

FEC Identification Number: C00466359  
Transaction ID : SB23.I3644

Amount of Each Disbursement this Period: 5000.00

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

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. DARDANELLE FOOTBALL BOOSTERS**

Full Name (Last, First, Middle Initial)  
DARDANELLE

Mailing Address P.O. BOX 68

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement DONATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.I3675

Amount of Each Disbursement this Period: 1000.00

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) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>O'Donnell and Associates, Ltd.</b>			Nature of Debt (Purpose): PAC Communications/Political Consulting
Mailing Address 829 Emerald Drive			
City Alexandria	State VA	Zip Code 22308	

Outstanding Balance Beginning This Period		Transaction ID : SD10.1114	
4000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4000.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Right Country Lists</b>			Nature of Debt (Purpose): PAC LIST RENTAL
Mailing Address 117 North Saint Asaph Street			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period		Transaction ID : SD10.1380	
10000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	10000.00	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Republican Majority Fund
FEC IDENTIFICATION NUMBER
C C00296640

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

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Amount 2000.00
Transaction ID : SE24.3676
Date of Disbursement or Obligation 05/24/2018

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Name of Federal Candidate:
Office Sought:
Disbursement For:
Amount
Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 2000.00

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

KOCH, THEODORE, ,

[Electronically Filed]

Date 06/15/2018

Signature