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Image# 201803209096670743

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For	Other T	han An	Authorize	ed Commi	ttee		Office U	se Only	
1. NAME OF COMMITTEE (in f		E OR PR	INT ▼		cample: If ty ver the lines		12FE	4M5		
STARS AND S	TRIPES FO	OREVE	ER PAC	<u>;</u>						ı
ADDRESS (number and		28 S WAS	HINGTON	STREET						
▼ Check if diffe	-	UITE 115								
than previous reported. (AC	ly , A	ALEXANDF	RIA				VA L	2231	4	
2. FEC IDENTIFICA	TION NUMB	ER ▼		CITY 🛦			STATE ▲		ZIP CODE	E 🛦
C C00635243				3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4. TYPE OF REP (Choose One)	ORT ((b) Monthl Report Due O		Feb 20 (M2		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)	Y (I	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Repo	orts:			Apr 20 (M4		Jul 20 (M7)		Oct 20 (M10)	, (i	Non-Election /ear Only)
April 15 Quarterly	Report (Q1)	(c) 1:	2 Day	7 (VI					-	
July 15 Quarterly	Report (Q2)	Р	2-Day RE-Election Report for the		Primary (1		_	eral (12G) cial (12S)	П	Runoff (12R)
October 1 Quarterly	5 Report (Q3)									
January 3 Year-End	31 Report (YE)	_	E	Election on	M = M	/ D D /	YIYIY		in the State of	
Year Only	lon-election () (MY)	P	0-Day OST -Electi leport for th		General (3	30G)	Run	off (30R)	s	Special (30S)
Termination (TER)	on Report		E	Election on	M = M	/ D = D /	Y	Y	in the State of	
5. Covering Period	02	01		018	through	n 02	28	20	y y 118	
I certify that I have example	amined this R	eport and	to the be	st of my kn	owledge an	d belief it is to	rue, correc	t and comple	te.	
Type or Print Name of	Treasurer _	ATTEKHI	ELD, DAVII	ر, , , ————						
Signature of Treasurer	SATTERF1	IELD, DAV	ID, , ,		[Electronic	ally Filed]		03 / 20		2018
NOTE: Submission of fa	llse, erroneous	, or incom	plete inforr	mation may	subject the p	person signing	this Report	to the penalt	ies of 52 U	J.S.C. § 30109
Office Use									FORN Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

R	Report Covering the Period: From: 02		: 02 28 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3 .	(a) Cash on Hand January 1, 2018		48328.07
	(b) Cash on Hand at Beginning of Reporting Period	43961.88	
	(c) Total Receipts (from Line 19)	78853.65	139218.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122815.53	187546.97
7 .	Total Disbursements (from Line 31)	65308.85	130040.29
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57506.68	57506.68
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	26726.16	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

I. Receipts ributions (other than loans) From: Individuals/Persons Other Than Political Committees	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	40682.00	57142.00
(ii) Unitominad	33606 12	64575.84
	33000.12	04073.04
Lines 11(a)(i) and (ii)▶	74288.12	121717.84
		0.00
	0.00	0.00
	0.00	0.00
	3.00	0.00
	74288 12	121717.84
	17200.12	12.777.04
	0.00	0.00
Committees	0.00	0.00
oans Received	0.00	0.00
Repayments Received	0.00	0.00
ets To Operating Expenditures	4 4	
unds, Rebates, etc.)		
y Totals to Line 37, page 5)	0.00	0.00
nds of Contributions Made		
ederal Candidates and Other		
cal Committees	0.00	0.00
r Federal Receipts		
	4565.53	17501.06
	,	
(from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18/a) and 19/h))	0.00	0.00
otal Halisiels (add To(a) and To(b))	0.00	0.00
	(ii) Unitemized	(iii) Unitemized

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	31802.52	68490.79
Expenditures(c) Total Operating Expenditures	31002.02	00430.70
(add 21(a)(i), (a)(ii), and (b))	31802.52	68490.79
Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	2000000	21510 50
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	33506.33	61549.50
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	200	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65308.85	130040.29
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	65308.85	130040.29

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	74288.12	121717.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74288.12	121717.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	31802.52	68490.79
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	31802.52	68490.79

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

l	FO	PAGE	6	OF	122			
l	(ch	eck only	one)					
	X	11a	11b		11c	12		
		13	14		15	16	;	17

	statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV	'ER PAC	
Full Name of Individual (Last, First, Middle Ini BETTIS, HARRY, , , Mailing Address PO BOX 7	itial) or Full Organization Name	Date of Receipt
		02 01 2018
City	State Zip Code	Transaction ID : A440E06A4F0DF4AAB9B5
EMMETT	ID 83617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) SELF	Occupation (for Individual) RANCHER	Memo Item
Receipt For:		1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 3014 KEY HARBOR DR		02 01 2018
City	State Zip Code	Transaction ID : A5862082258A6482298E
SAFETY HARBOR	FL 34695	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) SDSTT.COM	Occupation (for Individual) EDUCURRDESIGN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 712 N LANCASHIRE LN		02 02 2018
City	State Zip Code	Transaction ID : AE65D170BDFE643C680F
LIBERTY LAKE	WA 99019-8531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

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

						PAGE	=	7	OF	122
(check only one)										
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may r ame and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\rangle	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVE	R PAC			
١.	Full Name of Individual (Last, First, Middle Initial BANKS, ELIZABETH, W, , Mailing Address 1106 N HARVILLE RD	nization Name	Date of Receipt		
		02 02 2018			
	City	Transaction ID : A56A70E52B0FD40739CC			
	DUNCAN	ОК	73533	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer (for Individual) RETIRED	Occupa RETIRE	tion (for Individual)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00		
3.	Full Name of Individual (Last, First, Middle Initial SIMPSON, HAROLD, A, ,) or Full Orga	nization Name	Date of Receipt	
	Mailing Address 8515 COSTA VERDE BLVD UNIT 1557	Zin Codo	02 02 2018		
	SAN DIEGO	State CA	Zip Code 92122	Transaction ID : AFD103B0C26914F60B1C Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer (for Individual) RETIRED	Occupa RETIRI	tion (for Individual) ED	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00		
<u> </u>	Full Name of Individual (Last, First, Middle Initial OHM, STACEY, V, ,) or Full Orga	nization Name	Date of Receipt	
	Mailing Address 5416 DUTCHMAN DR			02 07 2018	
	City RALEIGH	State NC	Zip Code 27606	Transaction ID : A3F74C67D756F4AC0BF1 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	D number of contributing			
	Name of Employer (for Individual) BUILDER'S DISCOUNT MANAGER	Occupa IT MAN	tion (for Individual) AGER	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
T	OTAL This Period (last page this line number onl	y)			

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF 122 8 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 16 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CURTIS, JOHN, D,, Date of Receipt Mailing Address 570 MANOR RD 2018 12 City State Zip Code Transaction ID: AD390E13CE9FB4471B74 FL **MAITLAND** 32751 Amount of Each Receipt this Period FEC ID number of contributing C 2018.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2018.00

3.	Full Name of Individual (Last, First, Middle Ini NEAL, VICTOR, R, ,	Date of Receipt				
	Mailing Address 4651 E 57TH PL		02 12 2018			
	City TULSA	State Zip Code OK 74135	Transaction ID : A9258E22EA8A14636A41 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250,00				
С.	Full Name of Individual (Last, First, Middle Ini MANGIONE, MICHAEL, JOSEPH		Date of Receipt			
	Mailing Address 2 FAYENCE		02 12 2018			
	City NEWPORT COAST	State Zip Code CA 92657	Transaction ID : AEBC3FBA3B7734D64 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer (for Individual) SELF	Occupation (for Individual) RESTAURANT OWNR	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00				
S	SUBTOTAL of Receipts This Page (optional)	>	2768.00			
T	TOTAL This Period (last page this line number	only)	7 7			
			FEC Schedule A (Form 3X) Rev. 06/20			

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

						PAGE	9	OF	•	122	
(check only one)											
		X	11a		11b		11c	12	2		
			13		14		15	16	6		17

	the name and address of any political committee t						
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC						
Full Name of Individual (Last, First, Middle SCHOOF, RUSSELL, R, ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1402 REDBUD ST APT 201	-						
City	State Zip Code	Transaction ID : ADFC1BE74B095491BB65					
YUKON	OK 73099	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer (for Individual)	Occupation (for Individual) RETIRED	Memo Item					
Receipt For:		1					
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middle TINGLE, RALPH, J, ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address PO BOX 5960		02 13 2018					
City	State Zip Code	Transaction ID : A034C7E3696604D6A831					
SANTA FE	NM 87502	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle SEBASTIAN, FRED, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 11852 YOUNGER CT		02 15 2018					
City	State Zip Code	Transaction ID : A91093158F390467F821					
AZLE	TX 76020	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer (for Individual) RETIRED							
Receipt For:	Receipt For: Aggregate Year-to-Date ▼						
Primary General Other (specify)	226.00						
SUBTOTAL of Receipts This Page (optional)	<u> </u>	700.00					
TOTAL This Period (last page this line numb	per only)						

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

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12 Detailed Summary Page 13 16 14 15

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV		
Full Name of Individual (Last, First, Middle Ini STEVENS, LEILANI, L, ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1710 N LEA AVE		02 15 2018
City ROSWELL	State Zip Code NM 88201	Transaction ID : AD1099C3DDF664AE6A66
FEC ID number of contributing	5525	Amount of Each Receipt this Period
federal political committee.	C	800.00
Name of Employer (for Individual) SELF	Occupation (for Individual) HAIR DRESS RET	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 307 S DITHRIDGE ST APT 903		02 16 2018
City	State Zip Code	Transaction ID : AE87C323540384C7FBD9
PITTSBURGH	PA 15213-3519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) SELF	Occupation (for Individual) LAWYER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 9275		02 16 2018
City PEORIA	State Zip Code IL 61612-9275	Transaction ID : AC97E9AF27706471BB19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DUFFEY, DONALD, B, , Date of Receipt Mailing Address 2246 GOVERNORS BEND RD SE 16 2018 City Zip Code State Transaction ID: A466B3A0B5F694BE2AE2 AL HUNTSVILLE 35801 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ALABAMA BUSINESS FORMS **PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SPREITER, STEPHEN, C, Date of Receipt Mailing Address 1197 ROSS CIR 2018 City State Zip Code Transaction ID: A696E931CB8F642F58DA CA NAPA 94558 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KITTREDGE, ROBERT, M., Date of Receipt Mailing Address 622 N DARTMOUTH RD 20 2018 Zip Code City State Transaction ID: A45717861E4E04124946 WA SPOKANE VALLEY 99206-3821 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

FOR LINE NUMBER:				PAGE	_ ′	12 ()F	122	
(check only one)									
	×	11a	11b		11c		12		
		13	14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC	
Full Name of Individual (Last, First, Middle Ir MCGEE, THOMAS, P, MR, JR Mailing Address 30 LONGVIEW CT	Date of Receipt	
Mailing Address 30 LONGVIEW CI		02 20 2018
City	Transaction ID : A7C3A8845FB334B74BE9	
FRANKLIN	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle Ir KELTON, EUGENE, , MR,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2312 AMHERST ST		02 20 2018
City	State Zip Code	
FORT COLLINS	CO 80525-1826	Transaction ID : AD731B328B0B7407B9F5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1755 FM 1378		02 20 2018
City	State Zip Code	Transaction ID : AC8EBA0DB71594C86917
WYLIE	TX 75098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	•	2300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 13 OF 122 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SMITH, S, LEE, Date of Receipt Mailing Address 1154 HARVEST GLEN DR NW 2018 City Zip Code State Transaction ID: ABD496D14C53C46F9B03 TN **CLEVELAND** 37312-6361 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) U S POSTAL SERVICE **CUSTODIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MARX, CHARLOTTE, M, MS., Date of Receipt Mailing Address PO BOX 287 2018 City State Zip Code Transaction ID : AFE45EF0F401144EE89B **ELK RAPIDS** MI 49629-0287 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DICKSON, SUE, R., Date of Receipt Mailing Address 3014 KEY HARBOR DR 20 2018 City State Zip Code Transaction ID: AD7845C7D41634CE58B9 FL SAFETY HARBOR 34695 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SDSTT.COM **EDUCURRDESIGN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 122 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV	ER PAC		
۹.	Full Name of Individual (Last, First, Middle Ini HUNTER, JAMES, S, MR,	Date of Receipt		
	Mailing Address 19330 BEAUFAIN ST City CORNELIUS	State NC	Zip Code 28031-5531	02 20 2018 Transaction ID: A13B8D3B6512F4F4C9B4 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) RETIRED	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 800.00	

В.	Full Name of Individual (Last, First, Middle In FLEENOR, MARGARET, L, ,	tial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 3517 LENOX RD			02 20 2018			
	City	State	Zip Code	Transaction ID : AADDF75A0EB8D4F7CB44			
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) RETIRED	Occup RETI	pation (for Individual) RED	Memo Item			
	Receipt For: Primary General Other (specify) ▼						
С.	Full Name of Individual (Last, First, Middle In RAMOS, MERRIAM, M, ,	tial) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 11254 E CICERO ST			02 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: A2956BBDA84804DC292D			

MESA ΑZ 85207 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER:				PAGE	_ ′	15	OF	122		
(c	he	ck only	or	ie)						
	×	11a		11b		11c		12		
		13		14		15		16		17

				on for the purpose of soliciting contributions solicit contributions from such committee.
\	COMMITTEE (In Full) S AND STRIPES FOREVE	R PAC		
A. RODRIG	of Individual (Last, First, Middle Initial GUEZ, N, , ,) or Full Orga	nization Name	Date of Receipt
ivialling Ad	dress 698 EATON ST			02 20 2018
City		State	Zip Code	Transaction ID : AE1BB81066A8B4AD097A
MEMPHIS	3	TN	38120	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		1000.00
Name of E	Employer (for Individual)	Occupa RETIRE	tion (for Individual) ED	Memo Item
Receipt Fo		Aggregate Yea	ar-to-Date ▼ 2000.00	
B. LESLIE	of Individual (Last, First, Middle Initial, WILLIAM, F, MR, dress 111 STARFLOWER DR) or Full Orga	nization Name	Date of Receipt
		In	7.0.1	02 20 2018
City GRIFFIN		State	Zip Code 30223-5799	Transaction ID : AEFF0EB13124F4EC09BD
FEC ID nu	umber of contributing itical committee.	С	30223-3799	Amount of Each Receipt this Period 200.00
Name of E RETIRED	Employer (for Individual)	Occupa RETIRI	tion (for Individual)	Memo Item
Receipt Fo		Aggregate Yea	ar-to-Date ▼ 600,00	
	of Individual (Last, First, Middle Initial) or Full Orga	nization Name	Date of Receipt
	dress 2671 TRELLIS GREEN CIR			02 20 7 2018
City HENRICC)	State VA	Zip Code 23233-6984	Transaction ID : A10CA5A612F824889A2E
FEC ID nu	umber of contributing litical committee.	С		Amount of Each Receipt this Period
RETIRED	Employer (for Individual)	Occupa RETIRE	tion (for Individual) ED	Memo Item
Receipt Fo		Aggregate Yea	ar-to-Date ▼ 1000.00	
SUBTOTAL	of Receipts This Page (optional)		>	2200.00
TOTAL This	Period (last page this line number on	y)		

FOR LINE NUMBER: PAGE 16 OF 122 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MUNN, ARNOLD, S, MR, Date of Receipt Mailing Address 9708 W HAWTHORNE ST 2018 City Zip Code State Transaction ID: AFC6325D101C94089A4D FL **CRYSTAL RIVER** 34428-6111 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STULTZ, MARY, N, MRS., Date of Receipt Mailing Address 262 DEERFIELD CIR 20 2018 City State Zip Code Transaction ID: A7532CC2A9F5045EEA49 **KINGWOOD** WV 26537-1358 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MEHRER, MORRIS, B., Date of Receipt Mailing Address 18622 SE 122ND ST 20 2018 City Zip Code State Transaction ID: AA925DBC5F59E4810838 WA **ISSAQUAH** 98027 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) JOSEPHSJEFFERSON&SONINC CONTRACTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) 2550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name STAR, RICHARD, W,, Date of Receipt Mailing Address 19045 THOMSON DR **UNIT I-204** 2018 City Zip Code State Transaction ID: AC2B1FC31CC994C5B8B2 **BROOKFIELD** WI 53045-5174 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **ENGMAN-TAYLOR COMPANY CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DUNN, WILLIAM, V, MR, Date of Receipt Mailing Address 41964 ELSMERE RD 2018 City State Zip Code Transaction ID: AA8CB01BED88E4098AEA **AINSWORTH** NE 69210-1752 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF **FARMER- RANCHER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. POSSIN, MARC, S, , Date of Receipt Mailing Address 6093 N 2200TH AVE 22 2018 City State Zip Code Transaction ID: A8ADA9E551A5C447894D IL **GENESEO** 61254-8834 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) JOHN DEERE SHARED SERVICES INC **TECHNOLOGY ARCHITECT** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RIES, MELVIN, A, MR, Date of Receipt Mailing Address 3585 ROUND BARN BLVD **APT 329** 2018 City Zip Code State Transaction ID: A61EA8FB09EBE41358AF CA SANTA ROSA 95403-0145 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ALTON, DUANE, , MR, Date of Receipt Mailing Address 712 N LANCASHIRE LN 2018 City State Zip Code Transaction ID: A3B79BFC27A914BDBB89 LIBERTY LAKE WA 99019-8531 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WILSON, ROBERT, I, MR, Date of Receipt Mailing Address PO BOX 9275 23 2018 City Zip Code State Transaction ID: A5643EB7A20C14F03B88 IL **PEORIA** 61612-9275 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	REVER PAC	
Full Name of Individual (Last, First, Midd KELTON, LORRAINE, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2224 SHEFFIELD DR		02 23 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : A434B999417514CEEAA6
FORT COLLINS	CO 80526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
RETIRED	RETIRED	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Midd BUNGE, MELVIN, E, ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2075 TREFOIL RD NE		02 23 2018
City	State Zip Code	Transaction ID : AD64FEE6811684355B5D
WAVERLY	KS 66871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	450.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Midd BRITTON, LYNDA, R, MS.,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 9913 LAKE SHORE BLV	/D	02 23 2018
City CLEVELAND	State Zip Code OH 44108-1052	Transaction ID : AD1B81D2BE2784820B4I
	OH 44108-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	13500.00	
SUBTOTAL of Receipts This Page (options	al)	14100.00
TOTAL This Period (last page this line nun	nber only)	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GARRIOTT, DAVID, K,, MD Date of Receipt Mailing Address 19411 ADKINS FOREST DR 2018 City Zip Code State Transaction ID: AA294E173ACF742F7925 TX **SPRING** 77379 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PHYSICIAN** SELF EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. VARSEL, CHARLES, , MR, Date of Receipt Mailing Address 7907 ALETA DR 2018 City State Zip Code Transaction ID: A95BD7EE775A241E2B1D **SPRING** TX 77379-6104 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BLENIS, BARRY, , MR, Date of Receipt Mailing Address 80 WILLOWBROOK RD 26 2018 City Zip Code State Transaction ID: A78B027A91C6145A8AFC NY **SURPRISE** 12176-2301 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SELF FARMER** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name STANLEY, DAVID, , , MD Date of Receipt Mailing Address 108 ORCHARD LN 2018 City Zip Code State Transaction ID: A5176F7CB299E49DAB91 TN OAK RIDGE 37830 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) HYPERBARIC WOUND SPECIALI **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SEBASTIAN, FRED, , , Date of Receipt Mailing Address 11852 YOUNGER CT 2018 City State Zip Code Transaction ID: AF5EB404940A8436492A TX **AZLE** 76020 Amount of Each Receipt this Period FEC ID number of contributing 39.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HOLTON, LEYLA, G, , Date of Receipt Mailing Address 10288 IRON ORE RD 26 2018 City Zip Code State Transaction ID: AC2E702D981C94CD6A4A TX CONROE 77303-2410 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1114.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BUESCHEL, HOWARD, A,, Date of Receipt Mailing Address 107 UPPER FERRY RD 2018 City Zip Code State Transaction ID: ACEEFB32282FB4C5FB71 NJ **TRENTON** 08628 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCOTT, EVA, F, MS., Date of Receipt Mailing Address 15830 GOODES BRIDGE RD 2018 City State Zip Code Transaction ID: A05A29C671C7A481A940 AMELIA COURT HOUSE VA 23002-4717 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF EMPLOYED OFFICE MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KUBIN, DANIEL, D, MR, Date of Receipt Mailing Address 1701 BLOUNT ST 26 2018 City Zip Code State Transaction ID: AB31F45CC3E4E43A2ABF TX **HOUSTON** 77008-4441 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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

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		13	14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	VER PAC		
Full Name of Individual (Last, First, Middle I STEWART, PATRICIA, , , Mailing Address 504 NW WINTERS CREEK	Date of Receipt		
011	101:	7: 0 1	02 26 2018
City PALM CITY	State	Zip Code	Transaction ID : A818EF52789BF4A28BC3
	112	34990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) RETIRED	Occupa RETIR	ation (for Individual) EED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I GALKIN, WARREN, B, , Mailing Address 29 SAGE DR	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 29 SAGE DR			02 26 2018
City	State	Zip Code	Transaction ID : AD32726C4EEE344EA8B1
WARWICK	RI	02886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) N PRODUCTS CORP		ation (for Individual) CHAIRMAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address PO BOX 7			02 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EMMETT	State ID	Zip Code 83617	Transaction ID : A1EF40058E682487BB48
-	ID ID	03017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer (for Individual) SELF	Occupa RANCI	ation (for Individual) HER	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify)		2250.00	
SUBTOTAL of Receipts This Page (optional)		·····	3500.00
TOTAL This Period (last page this line number	er only)		

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

FOR LINE NUMBER (check only one)

FOR LINE NUMBER:					PAGE	2	24	OF	122	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	,	17

			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOR	REVER PAC				
Full Name of Individual (Last, First, Middland, ISLAM, ANGE, RAE, MISS,	Date of Receipt				
Mailing Address 5584 STATE ROUTE 20,	A E		02 26 2018		
City	State	Zip Code	Transaction ID : A7F08E66985A7491AA36		
WARSAW	NY	14569-9302	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	y II				
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 300.00			
Full Name of Individual (Last, First, Middle EPPLE, PAMELA, J, MS., Mailing Address 12075 LEWIS RD	le Initial) or Full Organ	ization Name	Date of Receipt		
	T- 1		02 27 2018		
City	State	Zip Code	Transaction ID: A467C68D7CE6441AABBF		
BRANCHVILLE	IN	47514-9022	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer (for Individual) MARY KAY		ion (for Individual) DIRECTOR	Memo Item		
Receipt For:	Aggregate Year	r-to-Date ▼			
Primary General Other (specify) ▼	4	300.00			
Full Name of Individual (Last, First, Middle). SCHWEIGER, MICHAEL, J, ,	le Initial) or Full Organ	ization Name	Date of Receipt		
Mailing Address 1901 POPLAR ST			02 28 2018		
City	State	Zip Code	Transaction ID : A854BDDEC2F544B8F838		
RICHLAND	WA	99354	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		200.00		
Name of Employer (for Individual) BOHCELE MEMORIAL INSTITUT	Occupati SCIENTI	ion (for Individual)	Memo Item		
Receipt For:	Aggregate Year	r-to-Date ▼			
Primary General Other (specify)		240.00			
SUBTOTAL of Receipts This Page (optional	al)	·····	500.00		
TOTAL This Period (last page this line nun	nber only)				

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	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREV		
Full Name of Individual (Last, First, Middle Ini WELLS, KEITHA, K, MS., Mailing Address 3911 APPALACHIAN TRL	Date of Receipt	
City	State Zip Code	02 28 2018 Transaction ID : A8F7494CE5BFD4C2D91F
KINGWOOD	TX 77345-1022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.36	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 6666 ODANA RD STE 215 City MADISON	State Zip Code WI 53719	Transaction ID : A9D90F8F86C1449DE8CA Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	250.00 Memo Item
Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	FINANCE Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 2050 BEAVERCREEK RD STE 101-307 City OREGON CITY	State Zip Code 97045	Date of Fiecept M
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number		40682.00

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 OF 122 (check only one)			
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 x 17			
			person for the purpose of soliciting contributions be to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) STARS AND STRIPES FORE	EVER PAC					
Full Name of Individual (Last, First, Middle OMEGA LIST COMPANY	Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 1420 SPRING HILL ROAD SUITE 490	02 23 2018					
City	State	Zip Code	Transaction ID : A599FA34D9EEF4799BAA			
MCLEAN	VA	22102	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		4565.53			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item LIST RENTAL			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 17334.39				
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼				
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name				
C. Mailing Address			Date of Receipt			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)			4565.53			

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

4565.53

of each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ANAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC Full Name (Last, First, Middle Initial) A. ARISTOTLE INTERNATIONAL Mailing Address 205 PENNSYLVANIA AVE SE City WASHINGTON Office Sought: House Disbursement For: 1000.00 Allexandria Primary General Primary	HEMIZED DISBUKSEMENIS	for each category of the	X 21b	22 23 26 27
NAME OF COMMITTEE (in Full) STARS AND STRIPES FOREVER PAC Full Name (Last, First, Middle Initial) A ARISTOTLE INTERNATIONAL Mailing Address 205 PENNSYLVANIA AVE SE City WASHINGTON Purpose of Disbursement COMPLIANCE DATABASE Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) 3. PINKSTON GROUP Mailing Address 5270 SHAWNEE ROAD SUITE 102 City Office Sought: House Senate President Via State Via Sta				
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LEGAL FEES Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Primary General Other (specify) Memo Item	VIENNA			
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Memo Item	LEGAL FEES		Category/	
State. DISTRICT.	Senate President	Primary General		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	E NUMBER: PAGE 28 OF 122			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER						
Full Name (Last, First, Middle Initial) A. SAVANNA COMMUNICATIONS			Date of Disbursement			
Mailing Address 755 SONNE DRIVE			02 07 2018			
ANNAPOLIS	State Zip Code MD 21401-7120		FEC Identification Number			
Purpose of Disbursement GENERAL MEDIA CONSULTING Candidate Name	[Category/	Transaction ID : B8551FA0E3! Amount of Each Disbursement this Pe	eriod		
	nent For: Primary General	Type	3500.00			
State: President District:	Other (specify) ▼		Memo Item			
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*	State Zip Code OH 44333		FEC Identification Number			
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	nent For: Primary General Other (specify)		80.00 Memo Item	-		
State: District:			Wello Relli			
Full Name (Last, First, Middle Initial) SOUSA, JOHN, P, , IV			Date of Disbursement	_		
Mailing Address 11-C TALCOTT FOREST RD UNIT C			02 15 2018	_		
*	Ctate Zip Code CT 06032		FEC Identification Number			
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			C Transaction ID : B4496F42BB			
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Full Name (Last, First, Middle Initial) - SARACINO, WILLIAM, , ,			Date of Disbursement			
Mailing Address 3625 ANGELUS AVE			02 15 2018			
City GLENDALE	State Zip Code CA 91208		FEC Identification Number			
Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name		Category/	Transaction ID : B71BBEDFFI Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	Type	1500.00				
State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) ATKINSON, MAURICE, , ,			Date of Disbursement			
Mailing Address 695 FRIAR TUCK LN			02 15 2018			
City MACON Purpose of Disbursement SOCIAL MEDIA CONSULTING	State Zip Code GA 31220		FEC Identification Number			
Candidate Name		Category/ Type	Transaction ID: B411D4F99B8 Amount of Each Disbursement this Period			
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State: District:	outer (openity)		Memo Item			
Full Name (Last, First, Middle Initial) DESERT FOX STRATEGIC COM	MUNICATIONS		Date of Disbursement			
Mailing Address 5841 E CHARLESTON BLVD SUITE 230-226			02 15 2018			
City MT REAGAN	State Zip Code 89142		FEC Identification Number			
Purpose of Disbursement COMMUNICATIONS CONSULTING	Transaction ID : BF19A203BE					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
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Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE E	BUREAU		Date of Disbursement	
Mailing Address 4128 PEPSI PLACE			02 20 2018	
CHANTILLY	State Zip Code VA 20151		FEC Identification Number	
Purpose of Disbursement DONATION PROCESSING, CAGING, BOOKKEEL Candidate Name	PING		Transaction ID : B7D209B348	
	ment For:	Category/ Type	Amount of Each Disbursement this Period 3113.09	
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Mailing Address P.O. BOX 809 1095 VENTURE DR			02 / 20 / 2018	
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Candidate Name						ID : B76329CADF		
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C. HUCKABY DAVIS LISKER				Date	of Disb	ursen	nent		
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								247	70 F0	
TOTAL This Period (last name	this line number only	/)		L				317	72.52	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 34 OF FOR LINE NUMBER: (check only one)

9

122

X 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code **LANDOVER** MD 20785 Transaction ID: D324946E7B4D34D22BFE Outstanding Balance Beginning This Period 159.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 159.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DAF23FED21F0A489A8BD 306.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 306.32 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code **LANDOVER** MD 20785 Outstanding Balance Beginning This Period Transaction ID: DAA0865A952A84241B43 159.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 159.00 0.00 318.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 35 OF 122 FOR LINE NUMBER: (check only one)

	9
X	10

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

A. Full Name (Last, First, Middle Initial) of Debtor ACTION MAILERS	Nature of Debt (Purpose): DIRECT MAIL PRINTING		
Mailing Address 90 COMMERCE DRIVE			
City	State	Zip Code	
ASTON	PA	19014-3201	
Outstanding Balance Beginning This Period			Transaction ID : DD54416031CF4433088F
244.23			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	244.23
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID: DA8156797FD4D47E8B14
273.24			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
C. Full Name (Last, First, Middle Initial) of Debto OMEGA LIST COMPANY	r or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 273.24			Transaction ID: D98A87E4F404B40388DF
7 7	D	was and This Davids d	Outstanding Releases at Olege of This Revised
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
SUBTOTALS This Period This Page (optional)			790.71
TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly)	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 36 OF 122 FOR LINE NUMBER: (check only one)

9 **X** 10

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

A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
OMEGA LIST COMPANY			DINEOT WAIL LIST KENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DBF7F8685DFCC4322AB7
273.24			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	273.24
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : DE7AF940B432046A9805
5207.51			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	5207.51	0.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 4645.05			Transaction ID: D6559BDE95FDC440AB0C
7 7 7	De		Outstanding Palance at Class of This Paried
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		2891.48	1753.57
SUBTOTALS This Period This Page (optional)		>	2026.81
TOTALS This Period (last page this line number	only)	>	1171171171
TOTAL OUTSTANDING LOANS from Schedule	C (last page c	only) ▶	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 37 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

122

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING **ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE State Zip Code **ASTON** PΑ 19014-3201 Transaction ID: D26DA05EEE5CC4FA5B7E Outstanding Balance Beginning This Period 244.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 244.23 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code LANDOVER 20785 MD Outstanding Balance Beginning This Period Transaction ID: DB3A9E4511F0D43FE9F0 2703.03 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2458.73 244.30 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D2222F8088593420F9DC 306.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 306.32 488.53 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

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

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

Excluding Loans

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

PAGE 38 OF FOR LINE NUMBER: (check only one)

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122

X 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code **LANDOVER** MD 20785 Transaction ID: D9A011C1828444FDBAD5 Outstanding Balance Beginning This Period 159.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 159.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D4FE27CCE97DD469AA86 306.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 306.32 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE City State Zip Code **ASTON** PA 19014-3201 Outstanding Balance Beginning This Period Transaction ID: DA0FBCA46033F4EB4A1F 244.23 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 244.23 403.23 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)......

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

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 39 OF
FOR LINE NUMBER:
(check only one)

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122

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING **ACTION MAILERS** Mailing Address 90 COMMERCE DRIVE State Zip Code **ASTON** PΑ 19014-3201 Transaction ID: D028535DA69314A7A905 Outstanding Balance Beginning This Period 4151.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4151.87 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DEEABF36B872A426D815 483.53 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 483.53 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL POSTAGE/MAILHOUSE VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 VA Outstanding Balance Beginning This Period Transaction ID: DBBAF873E56134D09B8A 4401.61 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2070.68 2330.93 6222.55 1) SUBTOTALS This Period This Page (optional).....

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

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 40 OF
FOR LINE NUMBER:
(check only one)

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122

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL CREATIVE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DBDBD293784384EAAB47 Outstanding Balance Beginning This Period 200.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: DED085D8535BB4DB6A66 5.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5.60 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D3D673C84A57D451BB43 21.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 21.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 41 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER		
EBERLE COMMUNICATIONS	DINCOT WAIL DATA GENTER		
Mailing Address 1420 SPRING HILL ROAD SUITE			
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID: D8C1AD21D89F94B55AA1
5.60			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		5.60	0.00
B. Full Name (Last, First, Middle Initial) of Debtor EBERLE COMMUNICATIONS G			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE	490		
City MCLEAN	State VA	Zip Code 22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : DADE0E8748AB641F88E8
5.60			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00 5.60			0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809			
1095 VENTURE DR City	State	Zip Code	_
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period	•		Transaction ID : D2DD79692D30F4D23A3C
233.72			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00	<u> </u>	0.00	233.72
SUBTOTALS This Period This Page (optional)		>	233.72
TOTALS This Period (last page this line number			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate	ine of Summa	ary Page (last page only) ▶	

Excluding Loans

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

PAGE 42 OF 122 FOR LINE NUMBER: (check only one)

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TARS AND STRIFES FOREVER P	AC		
A. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
EBERLE COMMUNICATIONS	DIRECT WINE DATA CENTER		
Mailing Address 1420 SPRING HILL ROAD SUITE			
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D0AEE02F3D65D4B81992
5.60			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		5.60	0.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGN FUNDING DIRECT	or Creditor		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D24ED4F87A1204D2EBAD
21.43			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	21.43
C. Full Name (Last, First, Middle Initial) of Debtor VALTIM	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			_
City FOREST	State VA	Zip Code 24551-0809	
Outstanding Balance Beginning This Period 91.62	•		Transaction ID: D65645BB8D01C44E4932
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	91.62
SUBTOTALS This Period This Page (optional)		>	113.05
TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule C	7 7		
ADD 2) and 3) and carry forward to appropriate I	ine of Summ	ary Page (last page only) ▶	

Excluding Loans

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

PAGE 43 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor of EBERLE COMMUNICATIONS G Mailing Address 1420 SPRING HILL ROAD SUITE	ROUP		Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE	490		DIRECT MAIL DATA CENTER
TIZO OF THING THEE ROYALD COME			_
014	State		
City	1	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID: D67BC2C0377EF43468B4
5.60			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	1 4		
0.00		5.60	0.00
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):
VALTIM			DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809			
1095 VENTURE DR City	State	Zip Code	_
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period 91.62			Transaction ID : D1806221455AE4B3B8D5
Amount Incurred This Period	Outstanding Balance at Close of This Period		
0.00		0.00	91.62
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address P.O. BOX 809			
1095 VENTURE DR	Otata	l Zin Codo	
City FOREST	State VA	Zip Code 24551-0809	
Outstanding Balance Beginning This Period	<u> </u>		Transaction ID : D2444F67F4C7647879A5
233.72			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	233.72
SUBTOTALS This Period This Page (optional)		>	325.34
TOTALS This Period (last page this line number of			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate lin	e of Summa	ary Page (last page only)▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 44 OF
FOR LINE NUMBER:
(check only one)

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X	10

122

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL CREATIVE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: D14EE7A656CEF45E0B4F 21.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21.43 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028

	Outstanding Balance Beginning This Period 21.43			Transaction ID : DD78F75C4ECA742D5BE		
	Amount Incurred This Period 0.00	Payment This Period 0.00		Outstanding Balance at Close of This Period 21.43		
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP		
	Mailing Address P.O. BOX 809 1095 VENTURE DR City FOREST	State VA	Zip Code 24551-0809			
	Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period	Pa	yment This Period	Transaction ID: D102E9DB4F6A14FE8885 Outstanding Balance at Close of This Period		
	0.00	7	0.00	276.58		
_	TOTALS This Period (last page this line number of			210.30		
_	TOTAL OUTSTANDING LOANS from Schedule C ADD 2) and 3) and carry forward to appropriate lir					

Excluding Loans

Mailing Address

1420 SPRING HILL ROAD, SUITE 490

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

PAGE FOR LINE NUMBER: (check only one)

9 **X** 10

122

45 OF

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VA 22102-3028 Transaction ID: D119D60642EF84616A08 Outstanding Balance Beginning This Period 21.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21.43 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL PRINTING** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code 24551-0809 **FOREST** VA Outstanding Balance Beginning This Period Transaction ID: D3446C5E6DDB54E7088F 91.62 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 91.62 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT

	City	State	Zip Code			
	MCLEAN	VA	22102-3028			
	Outstanding Balance Beginning This Period		•	Transaction ID : D978F6BDB39654BA5848		
	21.43					
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period		
	0.00		0.00	21.43		
1)	SUBTOTALS This Period This Page (optional)		>	134.48		
2)	2) TOTALS This Period (last page this line number only)					
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y) >	7 7		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	y Page (last page only) ▶			

Excluding Loans

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

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				, l	
	ME OF COMMITTEE (In Full) TARS AND STRIPES FOREVER PA	AC			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGN FUNDING DIRECT	Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE			
	Mailing Address 1420 SPRING HILL ROAD, SUITE				
	City	State	Zip Code		
	MCLEAN	VA	22102-3028		
	Outstanding Balance Beginning This Period			Transaction ID: D5A1AEC35559B4A02B8A	
	21.43				
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
	0.00	4	0.00	21.43	
1	B. Full Name (Last, First, Middle Initial) of Debtor of VALTIM	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
	Mailing Address P.O. BOX 809				
	1095 VENTURE DR City	State	Zip Code		
	FOREST	VA	24551-0809		
	Outstanding Balance Beginning This Period			Transaction ID : DC0D1925BD35D48D1BBD	
	91.62				
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	91.62	
	C. Full Name (Last, First, Middle Initial) of Debtor EBERLE COMMUNICATIONS (Nature of Debt (Purpose): DIRECT MAIL DATA CENTER	
	Mailing Address 1420 SPRING HILL ROAD SUITE	490			
	City	State	Zip Code		
	MCLEAN	VA	22102-3028		
	Outstanding Balance Beginning This Period			Transaction ID: DF8B373755A194E1D838	
	5.60				
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
	0.00		5.60	0.00	
1)	SUBTOTALS This Period This Page (optional)			. 113.05	
	TOTALS This Period (last page this line number of				
	TOTAL OUTSTANDING LOANS from Schedule C				
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only)	-	
		U. Uullilli	, (140) 0440 01111/		

Excluding Loans

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

PAGE 47 OF 122 FOR LINE NUMBER: (check only one)

9 **X** 10

	ME OF COMMITTEE (In Full) TARS AND STRIPES FOREVER PA	4C		
	A. Full Name (Last, First, Middle Initial) of Debtor VALTIM	Nature of Debt (Purpose): DIRECT MAIL MAILSHOP		
	Mailing Address P.O. BOX 809 1095 VENTURE DR			
Ì	City	State Zip Code		
	FOREST	VA	24551-0809	Tours and loss ID. Dood 4400 T7400 440 F00 A
	Outstanding Balance Beginning This Period 233.72			Transaction ID: D86B4480771384ACE93A
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	1 dy	0.00	233.72
	0.00	7	7	7 20012
	B. Full Name (Last, First, Middle Initial) of Debtor of VALTIM	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
	Mailing Address P.O. BOX 809 1095 VENTURE DR			
	City FOREST	State VA	Zip Code 24551-0809	
	Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period			Transaction ID: DC9FE662DFC7E4CCFA72 Outstanding Balance at Close of This Period
	0.00		0.00	233.72
	C. Full Name (Last, First, Middle Initial) of Debtor VALTIM	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS
İ	Mailing Address P.O. BOX 809			
	1095 VENTURE DR City FOREST	State VA	Zip Code 24551-0809	
•	Outstanding Balance Beginning This Period 91.62 Amount Incurred This Period Payment This Period		Transaction ID : DC193719F1A2C4B7E9B9	
			Outstanding Balance at Close of This Period	
	0.00	· · · ·	0.00	91.62
1)	SUBTOTALS This Period This Page (optional))	559.06
2)	2) TOTALS This Period (last page this line number only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: DB9310EF9F2A249FBB9F Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D52E1DCB1A8904F43889 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DE164E5488C1846989B3 5.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5.60 325.34 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)......

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

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 49 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VΑ 24551-0809 Transaction ID: D1BE15C2E078A4649BBF Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR City State Zip Code **FOREST** 24551-0809 Outstanding Balance Beginning This Period Transaction ID: D76E2D6122FBA4BEB94E 91.62 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 91.62 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D6ED99D8511814FFF9FC 21.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 21.43 346.77 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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PAGE 50 OF 122 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) TARS AND STRIPES FOREVER PA	AC.			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP				ebt (Purpose): AIL DATA CENTER
	Mailing Address 1420 SPRING HILL ROAD SUITE	490			
	City MCLEAN	State VA	Zip Code 22102-3028		
	Outstanding Balance Beginning This Period 5.60			Transaction	on ID : D34117548CD5045EB857
	Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	0.00	4	5.	60	0.00
	B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor			ebt (Purpose): AIL MAILSHOP
	Mailing Address P.O. BOX 809 1095 VENTURE DR				
	City FOREST	State VA	Zip Code 24551-0809		
	Outstanding Balance Beginning This Period			Transact	ion ID : D8BE6D1D177014E7AB95
	233.72 Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.	00	233.72
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM				ebt (Purpose): AIL MATERIALS
	Mailing Address P.O. BOX 809 1095 VENTURE DR				
	City FOREST	State VA	Zip Code 24551-0809		
	Outstanding Balance Beginning This Period 91.62			Transact	ion ID : D67FF41EE6C674855BE6
	Amount Incurred This Period 0.00	Payn	nent This Period	Outstandir	ng Balance at Close of This Period 91.62
	7 7	7	4 4		
1)	SUBTOTALS This Period This Page (optional)			}	325.34
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	TOTAL OUTSTANDING LOANS from Schedule C		7		
4)	ADD 2) and 3) and carry forward to appropriate lin	nly) 🕨	7 1 7 1 7 1		

Excluding Loans

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PAGE 51 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
CAMPAIGN FUNDING DIRECT			DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City	City State Zip Code		
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period 21.43	'		Transaction ID : D5B9791EF48DA41D98AF
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	21.43
B. Full Name (Last, First, Middle Initial) of Debtor EBERLE COMMUNICATIONS G Mailing Address 1420 SPRING HILL ROAD SUITE	ROUP		Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
City MCLEAN	State VA	Zip Code 22102-3028	
Outstanding Balance Beginning This Period 5.60			Transaction ID: D37E77B5AAB4C493994A
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		5.60	0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City	State	Zip Code	
FOREST	VA	24551-0809	
Outstanding Balance Beginning This Period 91.62			Transaction ID: DC4403AF503354A259EC
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	91.62
SUBTOTALS This Period This Page (optional)		>	113.05
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
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Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP VALTIM Mailing Address P.O. BOX 809 1095 VENTURE DR State Zip Code **FOREST** VA 24551-0809 Transaction ID: DE187654453AD494B859 Outstanding Balance Beginning This Period 233.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 233.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): BILLBOARD ADVERTISEMENT PLACEMENT LAMAR Mailing Address 1121 S. BOYLE AVE. City State Zip Code LOS ANGELES CA 90023-2150 Outstanding Balance Beginning This Period Transaction ID: DD9C89376CEDA4706BEF 6790.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 3790.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: DD32E6020986844828A6 48.24

	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	48.24
1)	SUBTOTALS This Period This Page (optional)	······	4071.96
2)	TOTALS This Period (last page this line numb	er only)	7 7 7
3/	TOTAL OUTSTANDING LOANS from Schodul	o C (last page only)	
"	TOTAL OUTSTANDING LOANS HOTT Schedul	e C (last page only)	7 7
4)	ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only)	
	7135 2) and 6) and carry forward to appropria	io into or cummary rago (lact page only) p	<u> </u>
3)	TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	

Excluding Loans

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(check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 State Zip Code **LEESBURG** VΑ 20176 Transaction ID: D802CA62CF86F471187B Outstanding Balance Beginning This Period 24.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 24.51 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DD9CCEE431C104437BD8 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DE8439095666C4B9AB00 24.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 24.51 48.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 54 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):		
PARAMOUNT COMMUNICATIONS			EMAIL DISTRIBUTION
Mailing Address 525-K EAST MARKET STREET SUITE 114			
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code	
	VA	20176	Tananatian ID DD04D0050045040000D
Outstanding Balance Beginning This Period			Transaction ID: DB3AD96536A56499993B
1.89			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		1.89	0.00
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D071EE58BFB0C4A778E5
48.24			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00	1 1 7	0.00	48.24
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARAMOUNT COMMUNICATIONS			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	UITE 114		_
City	State	Zip Code	_
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D921E802C466840D2922
1.89			
Amount Incurred This Period	iod Payment This Period		Outstanding Balance at Close of This Period
0.00	· · · ·	1.89	0.00
SUBTOTALS This Period This Page (optional)		>	48.24
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
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Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: DBB2E507B2DEB4D0A9A7 Outstanding Balance Beginning This Period 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DCB5AFD64215243E3B88 24.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 24.51 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DC2326436223B422D8F5 48.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 48.24 0.00 96.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 56 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): ONLINE MAILSHOP
PARAMOUNT COMMUNICATIONS			ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			-
City	State	Zip Code	_
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D274DD4FC98DB4BC4A68
1.89			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		1.89	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
PARAMOUNT COMMUNICATION			ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	SUITE 114		
City	State	Zip Code	_
LEESBURG	VA	20176	
Outstanding Polance Poginning This Povied		l	
Outstanding Balance Beginning This Period			Transaction ID : D7B68BA56C1814154847
1.89			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		1.89	0.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
PARAMOUNT COMMUNICATION			ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET	SUITE 114		
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period	,		Transaction ID : DEE717DE1BC3246C2BCF
24.51			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00		24.51	0.00
SUBTOTALS This Period This Page (optional)		>	0.00
TOTALS This Period (last page this line number only)			
	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D25665D5799954CBE947 Outstanding Balance Beginning This Period 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: D884BC5A21A1749BF8E4 24.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 24.51 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DE16ABEFC88E040F3B8F 24.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 24.51 48.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 State Zip Code **LEESBURG** VΑ 20176 Transaction ID: D0E6B299D8AAF4938B42 Outstanding Balance Beginning This Period 1.89 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1.89 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D27DDD3BE8A5248FEB16 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DF32276C6C2E743099F8 1.89 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1.89 48.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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X 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EMAIL DISTRIBUTION SERVICE** PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 State Zip Code **LEESBURG** VΑ 20176 Transaction ID: D5134B310B0144E26B62 Outstanding Balance Beginning This Period 1.89 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1.89 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D47B5A388D570404F91D 48.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 48.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE MAILSHOP PARAMOUNT COMMUNICATIONS Mailing Address 525-K EAST MARKET STREET SUITE 114 City State Zip Code **LEESBURG** 20176 VA Outstanding Balance Beginning This Period Transaction ID: DB49731F4BE534ADD9DE 24.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 24.51 48.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

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

Excluding Loans

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

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A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): ONLINE MAILSHOP		
PARAMOUNT COMMUNICATIONS			ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period			Transaction ID : D81912A4609A54A88801
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		1.89	0.00
B. Full Name (Last, First, Middle Initial) of Debtor PARAMOUNT COMMUNICATIO			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	SUITE 114		
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period 24.51 Amount Incurred This Period	Pa	yment This Period	Transaction ID : DCA878CBFCEA64294B0B Outstanding Balance at Close of This Period
0.00		24.51	0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARAMOUNT COMMUNICATIONS			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET S	SUITE 114		
City	State	Zip Code	
LEESBURG	VA	20176	
Outstanding Balance Beginning This Period 1.89			Transaction ID: DA859EDF83FA04DDCA2F
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00		1.89	0.00
SUBTOTALS This Period This Page (optional)			0.00
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7 7
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Excluding Loans

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

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A. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (Purpose): EMAIL DISTRIBUTION					
PARAMOUNT COMMUNICATIO	Zivin ile bio i i i ibo i i i i i i i i i i i i i					
Mailing Address 525-K EAST MARKET STREET SU	_					
City	State	Zip Code				
LEESBURG	VA	20176				
Outstanding Balance Beginning This Period			Transaction ID : DD324971A8B794A05BAE			
24.51						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00		24.51	0.00			
3.50	7	<u> </u>	7 7			
B. Full Name (Last, First, Middle Initial) of Debtor or CAMPAIGN FUNDING DIRECT	Creditor		Nature of Debt (Purpose): ONLINE AGENCY FEE			
CAMI AIGIVI GIVEING BIREOT						
Mailing Address 1420 SPRING HILL ROAD, SUITE	490					
City	State	Zip Code				
MCLEAN	VA	22102-3028				
Outstanding Balance Beginning This Period			Transaction ID : D71FB991EA60C4AE4A52			
48.24						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	48.24			
C. Full Name (Last, First, Middle Initial) of Debtor of ZIP MAILING SERVICES, INC.	r Creditor		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP			
ZIF WAILING SERVICES, INC.			DIRECT WARE WARESTICK			
Mailing Address 6304 SHERIFF RD. STE Z						
City	State	Zip Code				
LANDOVER	MD	20785				
Outstanding Balance Beginning This Period			Transaction ID: D37F7955FFDA045B7B36			
150.00						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00	· · · ·	0.00	150.00			
			198.24			
SUBTOTALS This Period This Page (optional)		>	130.24			
TOTALS This Period (last page this line number or						
TOTAL OUTSTANDING LOANS from Schedule C						
ADD 2) and 3) and carry forward to appropriate lin						

Excluding Loans

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

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A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE		
OMEGA LIST COMPANY	DINEOT WAIL LIST RENTALIEAGRANGE		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DB3599CB6858D47F8AE3
152.24			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	152.24
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period			Transaction ID : DE3DE2357736D480DBE9
152.24			
Amount Incurred This Period	Outstanding Balance at Close of This Period		
0.00		0.00	152.24
C. Full Name (Last, First, Middle Initial) of Debto ZIP MAILING SERVICES, INC.	Nature of Debt (Purpose): DIRECT MAIL MAILSHOP		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period 150.00			Transaction ID: D653C0DAF988F40E7B5A
Amount Incurred This Period	Por	yment This Period	Outstanding Balance at Close of This Period
	ra		
0.00		0.00	150.00
SUBTOTALS This Period This Page (optional)			454.48
TOTALS This Period (last page this line number	only))	
TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	
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Excluding Loans

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

PAGE 63 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
ZIP MAILING SERVICES, INC.	DIRECT WAIL WAILSHOT		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : DB651DF4FC798463480F
Amount Incurred This Period	Pav	yment This Period	Outstanding Balance at Close of This Period
0.00	1 7	0.00	150.00
B. Full Name (Last, First, Middle Initial) of Debtor of ZIP MAILING SERVICES, INC.	Nature of Debt (Purpose): DIRECT MAIL PRINTING		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period	Pay	yment This Period	Transaction ID: D57D407725E0640A79DA Outstanding Balance at Close of This Period
0.00	7	0.00	150.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD SUIT	Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE		
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period 255.26			Transaction ID: DA286D6ADDFA94DD991C
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	· · · · ·	0.00	255.26
SUBTOTALS This Period This Page (optional)		>	555.26
TOTALS This Period (last page this line number of			
TOTAL OUTSTANDING LOANS from Schedule C	7 7 7		
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Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: DDD6AD5F18B364783928 Outstanding Balance Beginning This Period 279.64 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: D90BBE9D74AB34B42AA6 123.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 123.15 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR City State Zip Code **RICHMOND** 23228-6500 VA Outstanding Balance Beginning This Period Transaction ID: D4E996C5C4098483DAD3 221.22 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 221.22 279.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 65 OF FOR LINE NUMBER: (check only one)

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122

X 10 NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD 20785 Transaction ID: D53EA9DF51A864C3DA28 Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 150.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL AGENCY FEE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: D1C7B402AFA88415EB9E 255.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR City State Zip Code **RICHMOND** 23228-6500 VA Outstanding Balance Beginning This Period Transaction ID: DB1D73A8778FA460788E 221.22 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 221.22 626.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 66 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):				
EBERLE COMMUNICATIONS	DIRECT MAIL DATA CENTER				
Mailing Address	_				
Mailing Address 1420 SPRING HILL ROAD SUIT					
City	State	Zip Code			
MCLEAN	VA	22102-3028			
Outstanding Balance Beginning This Period	·		Transaction ID : D9A12FC4D9FDF43A9880		
Outstanding Datance Deginning This Fellod			Transaction B . Box 121 04501 B1 40A0000		
123.15					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	4	123.15	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):		
OMEGA LIST COMPANY			DIRECT MAIL LIST RENTAL/EXCHANGE		
Mailing Address 1420 SPRING HILL ROAD			7		
SUITE 490					
City	State	Zip Code			
MCLEAN	VA	22102			
Outstanding Balance Beginning This Period			Transaction ID : D1866EFE07A48488E9C9		
152.24					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	152.24		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):		
EBERLE COMMUNICATIONS	GROUP		DIRECT MAIL DATA CENTER		
Mailing Address 1420 SPRING HILL ROAD SUIT	TE 490				
City	State	Zip Code	_		
MCLEAN	VA	22102-3028			
Outstanding Dalayse Basinsing This Basins					
Outstanding Balance Beginning This Period			Transaction ID : DC0BB6FCCDE92406EBF9		
123.15					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
			0.00		
0.00		123.15	0.00		
SUBTOTALS This Period This Page (optional)		>	152.24		
TOTALS This Period (last page this line number					
TOTAL OUTSTANDING LOANS from Schedule					
ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 67 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z State Zip Code LANDOVER MD 20785 Transaction ID: DE1118AAC1A25482AB25 Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 150.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: D68277CEFFF6C48F889A 255.26 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 255.26 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP

	Mailing Address 1420 SPRING HILL ROAD SUITE	490		
İ	City	State	Zip Code	
	MCLEAN	VA	22102-3028	
	Outstanding Balance Beginning This Period 123.15			Transaction ID : D98C2D02D83F743A0892
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		123.15	0.00
1)	SUBTOTALS This Period This Page (optional)		>	405.26
2)	TOTALS This Period (last page this line number of	nly)	>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page of	only) ▶	7 7
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summ	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 68
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D4DE0AF64148A4250B86 Outstanding Balance Beginning This Period 255.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL CREATIVE** CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DC9B866A29A834C0EBB2 255.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DCD7B5B44E805423EB64 123.15 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 123.15 510.52 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR State Zip Code RICHMOND VΑ 23228-6500 Transaction ID: DDC3D33A8781E4C49A2B Outstanding Balance Beginning This Period 221.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 221.22 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM 20706-4858 MD Outstanding Balance Beginning This Period Transaction ID: D45B297B9127C40B3B21 279.64 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102-3028 VA Outstanding Balance Beginning This Period Transaction ID: DEC5BD8B371B04ADAA91 123.15 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 123.15 279.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

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

Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING **COLORTREE GROUP INC** Mailing Address 8000 VILLA PARK DR State Zip Code RICHMOND VΑ 23228-6500 Transaction ID: D2FFF3E027AB04A12958 Outstanding Balance Beginning This Period 221.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 221.22 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL DATA CENTER** EBERLE COMMUNICATIONS GROUP Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** VA 22102-3028 Outstanding Balance Beginning This Period Transaction ID: DBF2DF7F43CAE420FB6B 123.15 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 123.15 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR City State Zip Code **RICHMOND** 23228-6500 VA Outstanding Balance Beginning This Period Transaction ID: D150A60BC5B3E4912BB3 221.22 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period

1) SUBTOTALS This Period This Page (optional)	Ξ	7	Ξ	Ξ	7	Ξ	221.	.22	
2) TOTALS This Period (last page this line number only)	Ξ	7	Ξ	Ξ	7	Ξ			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	_	7	Ξ	Ξ	-				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		7		Ξ	-]

0.00

221.22

Excluding Loans

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

PAGE 71 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
EBERLE COMMUNICATIONS G	DIRECT MAIL DATA CENTER		
Mailing Address 1420 SPRING HILL ROAD SUITE			
City	State	Zip Code	_
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D43E5AEFDDDED4463AB2
123.15			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	<u> </u>	123.15	0.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
COLORTREE GROUP INC			DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			-
City	State	Zip Code	
RICHMOND	VA	23228-6500	
Outstanding Balance Beginning This Period			Transaction ID : D4D3ADAF8639442128FE
221.22			
Amount Incurred This Period	Outstanding Balance at Close of This Period		
0.00	0.00		
C. Full Name (Last, First, Middle Initial) of Debtor CP DIRECT	Nature of Debt (Purpose): DIRECT MAIL MATERIALS		
Mailing Address 4600A BOSTON WAY			_
City	State	Zip Code	
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period 279.64			Transaction ID : DF72EDF44986D4E4DA8A
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	1 1 7	0.00	279.64
SUBTOTALS This Period This Page (optional)		>	279.64
TOTALS This Period (last page this line number of			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ary Page (last page only) ▶	

Excluding Loans

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

PAGE 72 OF 122 FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS			
CP DIRECT	DIRECT MAIL MATERIALS					
Mailing Address 4600A BOSTON WAY						
City	State	Zip Code				
LANHAM	MD	20706-4858				
Outstanding Balance Beginning This Period 279.64			Transaction ID : D1AD3A6AE1E9749F79F1			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	279.64			
B. Full Name (Last, First, Middle Initial) of Debtor of OMEGA LIST COMPANY	Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE					
Mailing Address 1420 SPRING HILL ROAD SUITE 490						
City MCLEAN	State VA	Zip Code 22102				
Outstanding Balance Beginning This Period			Transaction ID : D884ACEC69EF040E6BED			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	152.24			
C. Full Name (Last, First, Middle Initial) of Debtor OMEGA LIST COMPANY	or Creditor		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE			
Mailing Address 1420 SPRING HILL ROAD SUITE 490						
City	State	Zip Code				
MCLEAN	VA	22102				
Outstanding Balance Beginning This Period 152.24			Transaction ID: DA725793F4A0D4B5D8F7			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	152.24			
SUBTOTALS This Period This Page (optional)		>	584.12			
TOTALS This Period (last page this line number of						
TOTAL OUTSTANDING LOANS from Schedule C	7 7					
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Excluding Loans

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

PAGE 73 OF 122 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD STE Z

0304 SHEKIFI KD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D78BA0FB075CE4C3BBC1
933.32			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	1 0		
0.00		0.00	933.32
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CAMPAIGN FUNDING DIRECT			DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD SUIT	T 400		
Mailing Address 1420 SPRING HILL ROAD, SUIT	E 490		
City	State	Zip Code	
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D7A3E05D24C5E47CDB79
255.26			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	255.26
0.00		0.00	233.20
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
COLORTREE GROUP INC			DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
Mailing Address 8000 VILLA PARK DR			
City	State	Zip Code	
RICHMOND	VA	23228-6500	
Outstanding Balance Beginning This Period			Transaction ID : DDD07E56D467D484F99C
221.22			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		221.22	0.00
0.00	7	221.22	0.00
CURTOTAL C This Posical This Posic (options)			. 1188.58
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TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule (C (last page o	only)	
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Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
ZIP MAILING SERVICES, INC.	DIRECT MAIL MAILSHÓP		
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period			Transaction ID : D7DEB1FC3A6624A2B947
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
		0.0	
0.00	-	0.0	130.00
B. Full Name (Last, First, Middle Initial) of Debtor of CP DIRECT	r Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	
LANHAM	MD	20706-4858	
279.64 Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 279.64
C. Full Name (Last, First, Middle Initial) of Debtor of ZIP MAILING SERVICES, INC.	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City	State	Zip Code	
LANDOVER	MD	20785	
Outstanding Balance Beginning This Period 150.00			Transaction ID : D55A2DF0CD7ED408081E
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.0	150.00
) SUBTOTALS This Period This Page (optional)			> 579.64
) TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			nly) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE 490 State Zip Code **MCLEAN** VΑ 22102-3028 Transaction ID: D2E74645E0C7B4D35824 Outstanding Balance Beginning This Period 255.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 255.26 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** COLORTREE GROUP INC Mailing Address 8000 VILLA PARK DR City State Zip Code **RICHMOND** 23228-6500 Outstanding Balance Beginning This Period Transaction ID: D4509162EDDBA4E63880 221.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 221.22 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: D0EA0DD9F7B6044CFB67 152.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 152.24 407.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

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

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

Excluding Loans

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

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NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL PRINTING CP DIRECT Mailing Address 4600A BOSTON WAY State Zip Code LANHAM MD 20706-4858 Transaction ID: D2B70CD9F46634BBAAA0 Outstanding Balance Beginning This Period 279.64 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS** CP DIRECT Mailing Address 4600A BOSTON WAY City State Zip Code LANHAM 20706-4858 MD Outstanding Balance Beginning This Period Transaction ID: D873FF63B0F994219968 279.64 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 279.64 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL ROAD SUITE 490 City State Zip Code **MCLEAN** 22102 VA Outstanding Balance Beginning This Period Transaction ID: DD75B34F6EA7F48CBB5E 152.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 152.24 0.00 711.52 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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

A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE		
CAMPAIGN FUNDING DIRECT	DIRECT MAIL AGENCY FEE		
Mailing Address 1420 SPRING HILL ROAD, SUIT			
City	_		
MCLEAN	VA	Zip Code 22102-3028	
Outstanding Balance Beginning This Period 255.26			Transaction ID : D9421910FE55B426BA9F
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	255.26
B. Full Name (Last, First, Middle Initial) of Debtor CP DIRECT	or Creditor		Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period 279.64			Transaction ID: D2482A02C64FB4EA4BF4
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	279.64
C. Full Name (Last, First, Middle Initial) of Debtor CP DIRECT	Nature of Debt (Purpose): DIRECT MAIL MATERIALS		
Mailing Address 4600A BOSTON WAY			
City	State	Zip Code	
LANHAM	MD	20706-4858	
Outstanding Balance Beginning This Period 279.64			Transaction ID: DBBA07959651944BDA08
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	279.64
SUBTOTALS This Period This Page (optional)		>	814.54
TOTALS This Period (last page this line number			
TOTAL OUTSTANDING LOANS from Schedule C	7 7		
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 78 OF
FOR LINE NUMBER:
(check only one)

	ام
X	10

122

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL MATERIALS COLORTREE GROUP INC** Mailing Address 8000 VILLA PARK DR State Zip Code **RICHMOND** VA 23228-6500 Transaction ID: D255F1A703B344C17807 Outstanding Balance Beginning This Period 221.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 221.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL MAILSHOP ZIP MAILING SERVICES, INC. Mailing Address 6304 SHERIFF RD. STE Z City State Zip Code LANDOVER MD 20785 Outstanding Balance Beginning This Period Transaction ID: D59C32F80DAB241A38B1 150.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 150.00 0.00 Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE OMEGA LIST COMPANY

	Mailing Address 1420 SPRING HILL ROAD			
	SUITE 490 City	State	Zip Code	
	MCLEAN	VA	22102	
	Outstanding Balance Beginning This Period			Transaction ID : DB633ED2A78024064B6A
	Amount Incurred This Period 0.00	Paym	ent This Period 0.00	Outstanding Balance at Close of This Period 152.24
1)	SUBTOTALS This Period This Page (optional)		>	523.46
2)	TOTALS This Period (last page this line number o	nly)	>	7 7 7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	v) >	7 7 7
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	Page (last page only) ▶	

Excluding Loans

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

PAGE 79 OF 122 FOR LINE NUMBER: (check only one)

9 **X** 10

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

A. Full Name (Last, First, Middle Initial) of Debtor (EBERLE COMMUNICATIONS G	Nature of Debt (Purpose): DIRECT MAIL DATA CENTER		
Mailing Address 1420 SPRING HILL ROAD SUITE			
City	State	Zip Code	1
MCLEAN	VA	22102-3028	1
Outstanding Balance Beginning This Period			Transaction ID : D6FF1AB3CC9244198AED
123.15			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00	4	123.15	0.00
B. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGN FUNDING DIRECT	r Creditor		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		-
City	State	Zip Code	-
MCLEAN	VA	22102-3028	
Outstanding Balance Beginning This Period			Transaction ID : D62E36EECC63646F29F2
255.26			
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
0.00		0.00	255.26
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City	State	Zip Code	1
MCLEAN	VA	22102	
Outstanding Balance Beginning This Period 152.24			Transaction ID : D2226CE03060D47C3BDB
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	152.24
CURTOTAL & This Devied This Dags (extinue)			407.50
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page this line number o			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	y Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each

PAGE 80 OF 122 FOR LINE NUMBER: (check only one)

9

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	ME OF COMMITTEE (In Full) TARS AND STRIPES FOREVER PA	.С			
	A. Full Name (Last, First, Middle Initial) of Debtor of SAVANNA COMMUNICATIONS	RADIO AD\	Nature of Debt (Purpose): RADIO ADVERTISEMENT PLACEMENT/PRODUCTION		
	Mailing Address 755 SONNE DRIVE				
	City State Zip Code ANNAPOLIS MD 21401-7120				
	Outstanding Balance Beginning This Period 0.00			Transactio	on ID : D664BCE68EC7E478792B
	Amount Incurred This Period 1647.50	Payn	nent This Period	50	g Balance at Close of This Period 0.00
	B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor	7		ebt (Purpose):
	, , , , , , , , , , , , , , , , , , ,				, ,
	Mailing Address				
	City				
•	Outstanding Balance Beginning This Period				
	Amount Incurred This Period Payment This Period			Outstandin	g Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Debtor of	Nature of De	ebt (Purpose):		
	Mailing Address				
	City	State	Zip Code		
•	Outstanding Balance Beginning This Period				
	Amount Incurred This Period	Amount Incurred This Period Payment This Period			g Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)				0.00
2)	TOTALS This Period (last page this line number or	nly)		>	26726.16
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	у)	>	0.00
4)	ADD 2) and 3) and carry forward to appropriate line	nly) ▶	26726.16		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 81 OF 122 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
STARS AND STRIPES FOREVER PA	4C			C C00635243		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y		
Full Name of Payee SAVANNA COMMUNICATIONS		X Memo	Item I	Date of Public Distribution/Dissemination		
Mailing Address 755 SONNE DRIVE				02 07 2018		
755 SONNE DRIVE			,	Amount		
City	State	Zip Code		1647.50		
ANNAPOLIS	MD	21401-7120		Transaction ID : EC549A49902A24256B8B Date of Disbursement or Obligation		
Purpose of Expenditure RADIO ADVERTISEMENT PRODUCTION/PLACEN	MENT	Category/ Type		M = M / D = D / Y = Y = Y		
Name of Federal Candidate:		Support	Office	Sought: House District:		
DONNELLY, JOSEPH, S, ,		x Oppose	F	President Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	13055.34	Disburs 2018	sement For: Primary X General Other (specify) ▶		
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination		
SAVANNA COMMUNICATIONS				02 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 755 SONNE DRIVE				Amount		
				Amount		
City ANNAPOLIS	State MD	Zip Code 21401-7120		1647.50 Transaction ID : EFB5A9C4C332442D59EB Date of Disbursement or Obligation		
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODU	CTION	Category/ Type		02 07 2018		
Name of Federal Candidate:		Support	Office S	Sought: House District:		
DONNELLY, JOSEPH, S, ,		Oppose	F	President Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought	7	13055.34	Disburs 2018	sement For: Primary X General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	i			1647.50		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•			
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] -	M	70 7018		
Signature		Date	e 03	20 2018		

TEMIZED INDEPENDENT EXPENDITURES					PAGE 82	OF 122	
NAME OF COMMITTEE (In Full)						24 OF FORM 3X	
STARS AND STRIPES FOREVER PA	7C			FEC I	DENTIFICATI	ON NUMBER ▼	
OTARO AND OTRIL EST OREVERTA	10			C	C00635243		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M	/ D D /	Y " Y " Y " Y	
Full Name of Payee SAVANNA COMMUNICATIONS		☐ Memo	Item Date	e of Publi	/ D D /	/Dissemination	
Mailing Address 755 SONNE DRIVE				02	07	2018	
			Amo	ount			
City	State	Zip Code			0 1 1 00	2880.00	
ANNAPOLIS	MD	21401-7120			ID: E51698E ursement or (468B3940739AC Obligation	
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUC	TION	Category/ Type		M M 02	07	2018	
Name of Federal Candidate:		Support	Office Sou	aht:	House	District:	
BALDWIN, TAMMY, , ,		✗ Oppose			X Senate	State: WI	
Calendar Year-To-Date			Disbursem	ent For:	Primar		
Per Election for Office Sought	7 7	8932.34	2018	Other (s	pecify) ▶		
Full Name of Payee				Date of Public Distribution/Dissemination			
Mailing Address 755 SONNE DRIVE				02 08 2018			
733 SONNE DRIVE			Amo	ount			
City	State	Zip Code				4942.50	
ANNAPOLIS	MD	21401-7120	Tra	nsaction		85658BF4AC7B87 Obligation	
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUC	CTION	Category/ Type		M 02	/ 08	2018	
Name of Federal Candidate:		Support	Office Sou	ght:	House	District:	
DONNELLY, JOSEPH, S, ,		x Oppose	Pres		x Senate	State:IN	
Calendar Year-To-Date Per Election for Office Sought	4 1 1 4	17997.84	Disbursem		Primar	y X General	
	,			Other (s	pecify) -		
(a) SUBTOTAL of Itemized Independent Expenditures						7822.50	
(4, 002.10.11.20.11			· <u>-</u>	7		.022.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		· [
(c) TOTAL Independent Expenditures			· • [7		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized						
SATTERFIELD, DAVID, , ,	Electronically Fil	'ed1 -	M M	/ D D		Y Y	
		Date	9 03	20	_ 20	10	

ITEMIZED INDEPENDENT EXPENDITURES	;			PAGE 83 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	^			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM				02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				Amount
1095 VENTURE DR				Amount
City	State	Zip Code		231.39
FOREST	VA	24551-0809		Transaction ID : EF0DE1A0FAF0C4476B8B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		02 / 12 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
CASEY, ROBERT P, JR, ,		X Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	3027.83	Disbu 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
VALTIM				02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR				Amount
City	State	Zip Code		231.39
FOREST	VA	24551-0809		Transaction ID : E0BEDB1CA3EB14395B5; Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		02 / 12 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		X Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	3027.83	Disbu 2018	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	462.78
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Doto	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	MIZED INDEPENDENT EXPENDITURES	;			PAGE 84 OF 122
NΑ	ME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	TARS AND STRIPES FOREVER P.	AC			FEC IDENTIFICATION NUMBER ▼
	THE THE STATE OF THE PERSON OF				C C00635243
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
	Full Name of Payee OMEGA LIST COMPANY		☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 1420 SPRING HILL ROAD				
	SUITE 490				Amount
	City	State	Zip Code		2891.48
	MCLEAN	VA	22102		Transaction ID : E204F7B851A064F68BA1 Date of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL LIST RENTAL		Category/ Type		02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate:		Support	Office	e Sought: House District: 43
Ì	WATERS, MAXINE, , ,		Coppose Oppose		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		16016.90	Disbu 2018	orsement For: Primary General Other (specify) ▶
	Full Name of Payee VALTIM		☐ Memo	Item	Date of Public Distribution/Dissemination
}	Mailing Address P.O. BOX 809				02 12 2018
	1095 VENTURE DR				Amount
İ	City	State	Zip Code		636.32
	FOREST	VA	24551-0809		Transaction ID : E1BE79330A5E1444E853 Date of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		02 / 12 / 2018
	Name of Federal Candidate:		Support	Office	e Sought: House District:
	KAINE, TIMOTHY, MICHAEL, ,		x Oppose		President Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought		3808.66	Disbu 2018	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				3527.80
	D) SOBTOTAL OF OFINCTINESS INCOPORTION EXPONENT	1163			
	(c) TOTAL Independent Expenditures			•	
,	Under penalty of perjury I certify that the independently with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	e 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signaturo				

TEMIZED INDEPENDENT EXPENDITURES			PAGE 85 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	\C		
			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y
Full Name of Payee VALTIM		☐ Memo Ite	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809			02 12 2510
1095 VENTURE DR			Amount
City	State	Zip Code	231.39
FOREST	VA	24551-0809	Transaction ID : E67DF9D19A7A4406FB70 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	02 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
TESTER, JON, , ,		X Oppose	President Senate State: MT
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	, , ,	3027.83	Other (specify) Other
Full Name of Payee		☐ Memo Ite	em Date of Public Distribution/Dissemination
VALTIM			02 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			
1095 VENTURE DR			Amount
City	State	Zip Code	231.39
FOREST	VA	24551-0809	Transaction ID : E640168E575E640FF95B Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	, , ,	2027.02	Disbursement For: ☐ Primary 🕱 General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditur (c) TOTAL Independent Expenditures	es		▶ 462.78 ▶ 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized agent.	committee or agent of	
SATTERFIELD, DAVID, , ,	Electronically File	ed] Date	03 20 2018

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 86 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	۸.			FEC IDENTIFICATION NUMBER ▼
STARS AND STRILL EST OREVERTA	٦٥			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed o	n M = M / D = D / Y = Y = Y = Y
Full Name of Payee VALTIM		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 809				02 / 12 / 2018
				Amount
1095 VENTURE DR City	State	Zip Code		433.86
FOREST	VA	24551-0809		Transaction ID : E1C1EE1FAA20B49FB907 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		02
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		Coppose Oppose		President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	9366.20	Disburs 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM				02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809				
1095 VENTURE DR			'	Amount
City	State	Zip Code		231.39
FOREST	VA	24551-0809		Transaction ID : E6345667D89F048C2A8C Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type		02 / 12 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		x Oppose	F	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	3027.83	Disburs 2018	sement For: Primary
•			-	
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	665.25
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Doto	M = 1	W / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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TEMIZED INDEPE	NDENT EXPENDITURES	•			PAGE 87 OF 122
NAME OF COMMITTEE	- (In Full)				FOR LINE 24 OF FORM 3X
	TRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼
01711107111201	THE EST SIZE VEICE /				C C00635243
Check if 24-hour re	eport 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee	;		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM					02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.	O. BOX 809				
10	95 VENTURE DR				Amount
City		State	Zip Code		433.86
FOREST		VA	24551-0809		Transaction ID : E41D949C011094E80AF8 Date of Disbursement or Obligation
Purpose of Expendition DIRECT MAIL POS			Category/ Type		02 12 2018
Name of Federal Ca	andidate:		Support	Office	e Sought: House District:
DONNELLY, JOSEF	PH, S, ,		Oppose		President State: IN
Calendar Year-	To-Date			Disbu	ursement For: Primary 🗶 General
Per Election for	r Office Sought		18431.70	2018	Other (specify) ▶
Full Name of Payee	;		☐ Memo	Item	Date of Public Distribution/Dissemination
VALTIM					02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.	O. BOX 809				
10	95 VENTURE DR				Amount
City		State	Zip Code		231.39
FOREST		VA	24551-0809		Transaction ID : EE2FEC0FD0DE84C89B91 Date of Disbursement or Obligation
Purpose of Expendi DIRECT MAIL PO			Category/ Type		02 12 2018
Name of Federal Ca	andidate:		Support	Office	e Sought: House District:
BROWN, SHERROE), , ,		x Oppose		President State: OH
Calendar Year- Per Election for		1	3027.83	Disbu 2018	ursement For: Primary X General Other (specify) ▶
ı					
(a) SUBTOTAL of Iter	mized Independent Expenditures	3		•	665.25
(b) SUBTOTAL of Un	itemized Independent Expenditu	ıres		•	
(c) TOTAL Independe	ent Expenditures			. •	
with, or at the reques		ate or authorized			ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
SATTERFIELD, D.	AVID, , ,	[Electronically File	led] Dot		3 20 2018

SOMEDOLL L (LEG FORM OX)	_			
TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 88 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER P	AC			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET	SUITE 114			Amount
City	State	Zip Code		98.63
LEESBURG	VA	20176		Transaction ID : E10AFAA7387F54D9D918 Date of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type		02 15 7 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose		President State: VA
Calendar Year-To-Date		4012.87	Disbur 2018	rsement For: Primary X General
Per Election for Office Sought		1012.07	2010	Other (specify)
Full Name of Payee PARAMOUNT COMMUNICATIONS	;	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				02 15 2018
525-K EAST MARKET STREET	SUITE 114			Amount
City	State	Zip Code		35.86
LEESBURG	VA	20176		Transaction ID: E572D84BBD3E14A1288B Date of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type		02 15 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
HEITKAMP, HEIDI, , ,		x Oppose		President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disbur 2018	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		• •	134.49
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
SATTERFIELD, DAVID, , ,	[Electronically File	ed]	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

PAGE 89 OF 122 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee CAMPAIGN FUNDING DIRECT 02 15 2018 Mailing Address 1420 SPRING HILL ROAD, SUITE 490 Amount Zip Code 71.99 City State 22102-3028 Transaction ID: E0DDC5A8973424466B24 **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ EMAIL CREATIVE 02 15 2018 Type Name of Federal Candidate: Support Office Sought: House District: DONNELLY, JOSEPH, S,, IN Oppose President **x** Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 18570.94 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PARAMOUNT COMMUNICATIONS 2018 15 02 Mailing Address 525-K EAST MARKET STREET SUITE 114 Amount 67.25 City State Zip Code **LEESBURG** Transaction ID: EC453C6EE48EE4C75BBI ۷A 20176 Date of Disbursement or Obligation Purpose of Expenditure Category/ **EMAIL DISTRIBUTION SERVICE** 15 2018 02 Type Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 9505.44 2018 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 139.24 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 03 20 2018 Date Signature

PAGE 90 OF 122 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee CAMPAIGN FUNDING DIRECT 02 15 2018 Mailing Address 1420 SPRING HILL ROAD, SUITE 490 Amount Zip Code 105.58 City State 22102-3028 Transaction ID: EA5C9558C7D364C8A947 **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ EMAIL CREATIVE 02 15 2018 Type Name of Federal Candidate: Support Office Sought: House District: KAINE, TIMOTHY, MICHAEL, , VA Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 4012.87 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item CAMPAIGN FUNDING DIRECT 2018 15 Mailing Address 1420 SPRING HILL ROAD, SUITE 490 Amount City State Zip Code 71.99 **MCLEAN** Transaction ID: ED90EA9617AC54B8EAA ۷A 22102-3028 Date of Disbursement or Obligation Purpose of Expenditure Category/ **EMAIL CREATIVE** 15 2018 02 Type Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 9505.44 2018 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 177.57 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 03 20 2018 Date Signature

TEMIZED INDEFENDENT EXPENDITOR	LO		PAGE 91 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER	PAC		C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET STREE	T SUITE 114		02 15 2018 Amount
City	State	Zip Code	35.86
LEESBURG	VA	20176	Transaction ID: E76339C600B2E48E9900 Date of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type	02 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	1, 1, 1	3102.08	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATION	IS		02 15 2018
Mailing Address 525-K EAST MARKET STREE	T SUITE 114		Amount
City	State	Zip Code	67.25
LEESBURG	VA	20176	Transaction ID: E9538A2B13F554C16857 Date of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type	02 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
DONNELLY, JOSEPH, S, ,		x Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		18570.94	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 103.11
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
. , , , , , , , , , , , , , , , , , , ,	didate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Date	9 03 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

				FOR LINE 24 OF FORM 3X	
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
STARS AND STRIPES FOREVER PA	4C			C C00635243	
				M = M / D = D / Y = Y = Y	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on W W 7 D D 7 T T T T T	
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item	Date of Public Distribution/Dissemination	
				02 15 2018	
Mailing Address 525-K EAST MARKET STREET S	UITE 114			Amount	
City	State	Zip Code		35.86	
LEESBURG	VA	20176		Transaction ID : ECC35A643BAB84AA5B86 Date of Disbursement or Obligation	
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type		02 15 / Y Y Y Y Y Y	
Name of Federal Candidate:		Support	Office	e Sought: House District:	
MCCASKILL, CLAIRE, , ,		X Oppose		President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	3102.08	Disbu 2018	rsement For:	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
CAMPAIGN FUNDING DIRECT				02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			Amount	
City	State	Zip Code		38.39	
MCLEAN	VA	22102-3028		Transaction ID : EF12A11E33CBD427CB75 Date of Disbursement or Obligation	
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		02 / 15 / 2018	
Name of Federal Candidate:		Support	Office	e Sought: House District:	
TESTER, JON, , ,		X Oppose		President Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		3102.08	Disbu 2018	ursement For: Primary X General	
rel Election for Office Sought	7 7		2010	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	74.25	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SATTERFIELD, DAVID, , ,	Electronically Fi	led]	M	3 20 2018	
Signature		Date		20 2010	

TEMIZED INDEPENDENT EXPENDITURES	3		PAGE 93 OF FOR LINE 24 OF F	122 ORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	
STARS AND STRIPES FOREVER P	C C00635243	VIDER V		
Check if 24-hour report 48-hour report	Now you	ort Amondo rono	t filed on M M / D D / Y Y	YY
Check if 24-hour report 48-hour report	New rep	ort Amends repo	it filed off	
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo		ination
Maria a Adama				2018
Mailing Address 525-K EAST MARKET STREET S	SUITE 114		Amount	
City	State	Zip Code		35.86
LEESBURG	VA	20176	Transaction ID : E24B158EB00B Date of Disbursement or Obligation	
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type		2018
Name of Federal Candidate:		Support	Office Sought: House District:	:
TESTER, JON, , ,		x Oppose	President X Senate State:	MT
Calendar Year-To-Date		1 (1.1)	Disbursement For: Primary	General
Per Election for Office Sought	7-1-1-7-	3102.08	2018 ☐ Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissem	ination
CAMPAIGN FUNDING DIRECT				2018
Mailing Address 1420 SPRING HILL ROAD, SUITI	E 490			
, in the second			Amount	
City	State	Zip Code		38.39
MCLEAN	VA	22102-3028	Transaction ID : E09D04D1D06E Date of Disbursement or Obligation	
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		2018
Name of Federal Candidate:		Support	Office Sought: House District:	
MCCASKILL, CLAIRE, , ,		X Oppose	President State State	MO
Calendar Year-To-Date		1.000000	Disbursement For: Primary	General
Per Election for Office Sought	7 7	3102.08	2018 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	s		7	4.25
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		>	
(c) TOTAL Independent Expenditures				
(c) 10 112 maspendom =xpondidice				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led1 -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	03 20 2018	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 94 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET SU	IITE 114		Amo	unt
City	State	Zip Code	-	35.86
LEESBURG	VA	20176		saction ID : EE5E4E63CD07B4AF68DF of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/ Type		02 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STABENOW, DEBBIE, , ,		x Oppose	Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	3102.08	Disburseme	ent For: Primary X General Other (specify) >
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amo	unt
City	State	Zip Code	<u> —</u> г	38.39
MCLEAN	VA	22102-3028		nsaction ID : E7B1DEB57E617467CB28 of Disbursement or Obligation
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		02 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Presid	dent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disburseme	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			· [74.25
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	edl -	M = M /	20 2018
Signature		Date	9 03	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 95 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	AC			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			
			Am	ount
City	State	Zip Code		38.39
MCLEAN	VA	22102-3028		nsaction ID : EB64E7BD1F3CA430380B e of Disbursement or Obligation
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		02 15 2018
Name of Federal Candidate:		Support	Office Sou	light: House District:
STABENOW, DEBBIE, , ,		× Oppose	l	sident Senate State: MI
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	7	3102.08	2018	Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT		_		M M / D D / Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	400			02 15 2018
1420 SPRING HILL ROAD, SUITE	490		Am	ount
City	State	Zip Code		38.39
MCLEAN	VA	22102-3028	I	ansaction ID : E82D65FBBCEBC4F0B99! e of Disbursement or Obligation
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		02 / 15 / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
HEITKAMP, HEIDI, , ,		x Oppose	Pres	sident Senate State: ND
Calendar Year-To-Date		' disciss'	Disbursem	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	3102.08	2018	Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				76.78
				, , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Flootronicalla Fil	adl	M = M	/ D D / Y T Y T Y
Signature	Electronically Fil	eaj Date	9 03	20 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 96 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	4C			FEC IDENTIFICATION NUMBER ▼ C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Mam / Dab / Yayayay
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				02 15 2018
Mailing Address 525-K EAST MARKET STREET S	UITE 114			Amount
City	State	Zip Code		35.86
LEESBURG	VA	20176		Transaction ID : E1867861406114EE0975 Date of Disbursement or Obligation
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE	1	Category/ Type		02 15 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	3102.08	Disburs 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT				02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD, SUITE	490			Amount
City	State	Zip Code		38.39
MCLEAN	VA	22102-3028		Transaction ID : E005B7C4D7EC4437185B
Purpose of Expenditure EMAIL CREATIVE		Category/ Type		Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		x Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	, ,	3102.08	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	74.25
(b) SUBTOTAL of Unitemized Independent Expenditu	res		▶	7
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
SATTERFIELD, DAVID, , ,	[Electronically Fil	led1	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	[Electronically 1 is	Date	e 03	20 2018

TEMIZED INDEPEND	-	;				PAGE 97	
NAME OF COMMITTEE (Ir	· Full)						24 OF FORM 3X
·	IPES FOREVER PA	AC			FEC	IDENTIFICATION	ON NUMBER ▼
01/11/07/11/2 01					C	C00635243	
Check if 24-hour repor	t 48-hour report	New repo	ort Amends repo	ort filed o	on M M	/ D D /	Y Y Y Y
Full Name of Payee PARAMOUNT CO	DMMUNICATIONS		☐ Memo	Item	M M	lic Distribution/	Y Y Y Y
Mailing Address 525-K	EAST MARKET STREET S				01 Amount	18	2018
O:h :		01-10	7:- Codo				1 90
City		State	Zip Code		T. itratian	T 500000	1.89
LEESBURG		VA	20176			I D:E803669 4 oursement or C	4422C14F19966 Obligation
Purpose of Expenditure PMT FOR EST FROM SERVICE	1/18/2018. EMAIL DISTRIBU	UTION	Category/ Type		M M M 02	20	2018
Name of Federal Candi	date:		Support	Office	Sought:	House	District:
STABENOW, DEBBIE,	, ,		× Oppose		President	✗ Senate	State: MI
Octobra Vena Te F					sement For:	Primary	
Calendar Year-To-E Per Election for Of			3102.08	2018		specify) ▶	General
Full Name of Payee			☐ Memo	Item	Date of Publ	lic Distribution/	/Dissemination
PARAMOUN'I C	OMMUNICATIONS				M M	/ 18 /	2018
Mailing Address 525-K EAST MARKET STREET SUITE 114					01	10	2010
	EAST WARRET STREET S		7: 0-42		Amount		24.51
City		State	Zip Code		Transaction		24.51 ED2546D4C270E2
LEESBURG		VA	20176			oursement or C	FD2546D4C379E3 Obligation
Purpose of Expenditure PMT FOR EST FROM SERVICE	// 1/18/2018. EMAIL DISTRIE	BUTION	Category/ Type		02	20	2018
Name of Federal Candi	date:		Support	Office	Sought:	House	District:
HEITKAMP, HEIDI, , ,			X Oppose		President	✗ Senate	State: ND
Colondor Voor To I	2015				sement For:	Primary	
Calendar Year-To-Der Election for Of		T 1 1 1	3102.08	2018			, Gonora
		7			Utner (s	specify) ►	
(a) SUBTOTAL of Itemize	ed Independent Expenditures	S		. •			26.40
(b) SUBTOTAL of Uniter	nized Independent Expenditu	res		. •			
(c) TOTAL Indonondent F	Expenditures						
(c) TOTAL independent L	.xperiditures			•			
with, or at the request of	I certify that the independer suggestion of, any candidalitical party committee or its	ate or authorized	•				
SATTERFIELD, DAVI	D, , ,	[Electronically Fil	led] Date	e 03	M / D D	201	18
Signaturo			_ Date	5 00			

	MIZED INDEPENDENT EXPENDITURES	j				PAGE 98	OF 122
NAM	ME OF COMMITTEE (In Full)						4 OF FORM 3X
STARS AND STRIPES FOREVER PAC							ON NUMBER ▼
	THE THE STRIP LOT SKEVERT				C	C00635243	
Che	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M /	D D /	YYYY
F	Full Name of Payee					c Distribution/	YYYY
1	Mailing Address 525-K EAST MARKET STREET S	JUITE 114			01 Amount	18	2018
	0%	1 01-11-	7:- 040				4.90
	City	State	Zip Code		7	: = = = = = = = = = = = = = = = = = = =	1.89
	LEESBURG	VA	20176			ID: E61091E2 ursement or C	23AD51403CB08 Obligation
F	Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBU SERVICE	UTION	Category/ Type		02	20	2018
1	Name of Federal Candidate:		Support	Office	Sought:	House	District:
	MCCASKILL, CLAIRE, , ,		✗ Oppose			✗ Senate	State: MO
	Calendar Year-To-Date				rsement For:	Primary	
	Per Election for Office Sought		3102.08	2018	Other (sp		
	Full Name of Payee				Date of Publi	c Distribution/	Dissemination Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 525-K EAST MARKET STREET S				Amount		
	City	State	Zip Code				24.51
	LEESBURG	VA	20176			ID: E41BAEI ursement or C	BCCE2CC4EEBA, Obligation
F	Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIE SERVICE	BUTION	Category/ Type		02 M	20	2018
1	Name of Federal Candidate:		Support	Office	Sought:	House	District:
1	BROWN, SHERROD, , ,		x Oppose		President	X Senate	State: OH
	Calendar Year-To-Date			Disbui	rsement For:	Primary	✗ General
	Per Election for Office Sought		3102.08	2018	Other (sp		
·	a) SUBTOTAL of Itemized Independent Expenditures b) SUBTOTAL of Unitemized Independent Expenditu				, ,		26.40
(0	e) TOTAL Independent Expenditures			•	,		
W	nder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidarty committee) any political party committee or its	late or authorized	•			•	
	SATTERFIELD, DAVID, , ,	[Electronically File	led] Date	e 03	M / D D D 20	/ Y Y 201	Y
	Signaturo						

TEMIZED INDEPENDENT EXPENDITURES				PAGE 99 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
VALTIM				12 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 809			Aı	mount
1095 VENTURE DR City	State	Zip Code	— г	2330.93
FOREST	VA	24551-0809		ransaction ID : EC2805360D85D4CB09A4
Purpose of Expenditure	V/\	2.00.000		ate of Disbursement or Obligation
DIRECT MAIL POSTAGE/MAILHOUSE		Category/ Type		02 20 7 2018
Name of Federal Candidate:		Support	Office So	ought: House District: 43
WATERS, MAXINE, , ,		x Oppose	Pre	esident Senate State: CA
Calendar Year-To-Date		18347.83		ment For: Primary General
Per Election for Office Sought	7 1 7	10347.03	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET S				
				mount
City	State	Zip Code		24.51
LEESBURG	VA	20176		ransaction ID : E1A6E77225E944D0A91B ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIB SERVICE	UTION	Category/ Type		02 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	Pre	esident State: PA
Calendar Year-To-Date		0400.00	Disburse	ment For: Primary X General
Per Election for Office Sought	7-1-1-5-	3102.08	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2355.44
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _	
(a) TOTAL lades and est Former differen				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature	I'll	_ Date	9 03	20 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	\C			
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item	Date of Public Distribution/Dissemination
PARAIMOUNT COMMUNICATIONS				01 18 2018
Mailing Address 525-K EAST MARKET STREET SU	Amount			
City	State	Zip Code		1.89
LEESBURG	VA	20176		Transaction ID : ED0DAB88015AF44BA8D0 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBU SERVICE	TION	Category/ Type		02 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
BROWN, SHERROD, , ,		X Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	3102.08	Disbu 2018	rsement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET SU	JITE 114			Amount
City	State	Zip Code		24.51
LEESBURG	VA	20176		Transaction ID : E2BBA95B6FE64428499D Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIB SERVICE	UTION	Category/ Type		02 / 20 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
STABENOW, DEBBIE, , ,		x Oppose		President Senate State: MI
Calendar Year-To-Date		3102.08		rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	0.02.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	26.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M	3 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Dat	e 0:	20 2010

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TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 101 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER P	AC			FEC IDENTIFICATION NUMBER ▼
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 2018
Mailing Address 525-K EAST MARKET STREET S	SUITE 114			
				Amount
City	State	Zip Code		1.89
LEESBURG	VA	20176		Transaction ID: E55EF064655FB4888ADC Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIB SERVICE	UTION	Category/ Type		02 / 20 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
BALDWIN, TAMMY, , ,		× Oppose	l	President State: WI
Calendar Year-To-Date			Disburs	sement For: Primary X General
Per Election for Office Sought		9505.44	2018	Other (specify)
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS				01 18 2018
Mailing Address 525-K EAST MARKET STREET S				
				Amount
City	State	Zip Code		24.51
LEESBURG	VA	20176		Transaction ID : EB2CD036CF46A4283AA6 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRII SERVICE	BUTION	Category/ Type		02 / 20 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
DONNELLY, JOSEPH, S, ,		x Oppose		President State: IN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	18570.94	Disburs 2018	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s			26.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	ed] Dote	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	IZED INDEPENDENT EXPENDITURES	;			PAGE	102 OF 122
NAME	E OF COMMITTEE (In Full)				<u>'</u>	INE 24 OF FORM 3X
	ARS AND STRIPES FOREVER PA	AC				CATION NUMBER ▼
					C C0063	35243
Checl	k if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D	/
F	ull Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item	Date of Public Distrib	D / Y " Y " Y " Y
M	lailing Address 525-K EAST MARKET STREET S	JUITE 114			01 18 Amount	2018
	6	Ototo	7:- Codo			1.90
	ity	State	Zip Code		Turneration ID : E24	1.89
	EESBURG	VA	20176		Date of Disbursemen	8D82DADD5D4E508B5 t or Obligation
	urpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBU SERVICE	UTION	Category/ Type		02 / 20	
N	ame of Federal Candidate:		Support	Office	Sought: Hous	se District:
С	ASEY, ROBERT P, JR, ,		x Oppose		President 🗶 Sena	DΛ
	Orthodox Veca To Data					rimary
	Calendar Year-To-Date Per Election for Office Sought		3102.08	2018	Other (specify)	,
F	Full Name of Payee				Date of Public Distrib	D / Y Y Y Y Y
	lailing Address 525-K EAST MARKET STREET S				Amount	
	ity	State	Zip Code			1.89
L	EESBURG	VA	20176		Transaction ID: E23 Date of Disbursemen	BDFBFF4F77D4B31A44 t or Obligation
P	urpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIE SERVICE	BUTION	Category/ Type		02 Date of Bisbursement 02 20	D / Y Y Y Y
N	ame of Federal Candidate:		Support	Office	Sought: Hous	se District:
D	OONNELLY, JOSEPH, S, ,		x Oppose		President X Sena	ate State: IN
	Calendar Year-To-Date			Disbur	sement For: P	rimary X General
	Per Election for Office Sought		18570.94	2018	Other (specify)	
.,	SUBTOTAL of Itemized Independent Expenditures SUBTOTAL of Unitemized Independent Expenditu					3.78
(,						
(c)	TOTAL Independent Expenditures			•	7	
wit	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidates the committee or its party committee or its	late or authorized	•		•	*
	SATTERFIELD, DAVID, , ,	[Electronically File	led] Date	e 03	M / D D / Y	2018
	Signaturo			, ,		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 103 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	C			C C00635243
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address			[01 18 2018
Mailing Address 525-K EAST MARKET STREET SU	ITE 114		Amo	unt
City	State	Zip Code		24.51
LEESBURG	VA	20176		saction ID : EB176D36D019B41E0B52 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBU SERVICE	TION	Category/ Type		02 / D D / Y Y Y Y Y 2 Y 2 Y 2 1 Y 2 Y 2 Y 2 Y 2 Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TESTER, JON, , ,		x Oppose	Presi	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disburseme	ent For: Primary
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PARAMOUNT COMMUNICATIONS		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET SU	IITE 114			
			Amo	unt
City	State	Zip Code		1.89
LEESBURG	VA	20176	I	nsaction ID: E66848C9734D64DAFA00 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUSERVICE	JTION	Category/ Type		02 / 20 / 2018
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TESTER, JON, , ,		x Oppose	Presi	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		3102.08	Disburseme	ent For: Primary General
Tel Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures.			· [26.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized	•		· · · · · · · · · · · · · · · · · · ·
SATTERFIELD, DAVID, , ,	Electronically File	ed]	M = M /	20 / 2018
Signature		Date	9 03	20 2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 104 OF 122
NAME OF COMMITTEE (In Full)			550	FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	чС			IDENTIFICATION NUMBER ▼
			C	C00635243
	Name and		M M	/ D D / Y Y Y Y
Check if 24-hour report48-hour report	New repo	ort Amends repor	t filed on	
Full Name of Payee		☐ Memo I	tem Date of Pul	blic Distribution/Dissemination
PARAMOUNT COMMUNICATIONS			M = M 01	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 525-K EAST MARKET STREET SU	JITE 114			.0 2010
			Amount	
City	State	Zip Code		1.89
LEESBURG	VA	20176		n ID : EB1CCBE09841840A1ABC
Purpose of Expenditure	ITION	Category/	Date of Dis	/ D D / Y Y Y Y
PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBU SERVICE	TION	Туре	02	20 2018
Name of Federal Candidate:		Support	Office Sought:	House District:
KAINE, TIMOTHY, MICHAEL, ,		X Oppose	President	Senate State: VA
Calendar Year-To-Date			Disbursement For	
Per Election for Office Sought	7-1-1-7-	4012.87	2018	(specify) ▶
Full Name of Payee		Memo I	1	blic Distribution/Dissemination
PARAMOUNT COMMUNICATIONS			M = M	/ D D / Y Y Y Y
Mailing Address			01	18 2018
525-K EAST MARKET STREET SU	JITE 114		Amount	
City	State	Zip Code		24.51
LEESBURG	VA	20176		on ID : ED893981005B14AB6A3F
Purpose of Expenditure				bursement or Obligation
PMT FOR EST FROM 1/18/2018. EMAIL DISTRIB SERVICE	UTION	Category/ Type	02	20 / 2018
Name of Federal Candidate:		Support	Office Sought:	House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	President	Senate State: VA
Calendar Year-To-Date			Disbursement For	: Primary X General
Per Election for Office Sought	7	4012.87	2018 Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [26.40
(b) SUBTOTAL of Unitemized Independent Expenditure	res		▶ []	
(c) TOTAL Independent Expenditures			> []	
				,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
party committee, any pointed party committee of its	agont.			
SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	M M / D 20	2018

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 105 OF 122 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PARAMOUNT COMMUNICATIONS 01 18 2018 Mailing Address 525-K EAST MARKET STREET SUITE 114 Amount Zip Code 24.51 City State 20176 Transaction ID: E90AFD2A41BF34BA9AA7 **LEESBURG** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION 02 20 2018 Type **SERVICE** Name of Federal Candidate: Support Office Sought: House District: MCCASKILL, CLAIRE, , , MO Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 3102.08 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PARAMOUNT COMMUNICATIONS 2018 18 01 Mailing Address 525-K EAST MARKET STREET SUITE 114 Amount City State Zip Code 24.51 **LEESBURG** Transaction ID: E422908A1990D496EAD0 VA 20176 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION 20 2018 02 Type **SERVICE** Name of Federal Candidate: Support Office Sought: House District: BALDWIN, TAMMY, , , WI X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 9505.44 2018 Per Election for Office Sought Other (specify) ▶ 49.02 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 03 20 2018 Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 106 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ M / D D / Y Y Y Y Y
Full Name of Payee PARAMOUNT COMMUNICATIONS		☐ Memo		of Public Distribution/Dissemination
		01 18 2018		
Mailing Address 525-K EAST MARKET STREET SI	Amou	unt		
City	State	Zip Code	$ \Gamma$	1.89
LEESBURG	VA	20176		saction ID : E943ECC41CA3A4CFCAA of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBL SERVICE	JTION	Category/ Type		02 / 20 / 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
HEITKAMP, HEIDI, , ,		x Oppose	Presid	dent X Senate State: ND
Calendar Year-To-Date		3102.08	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7 1 7	3102.00	2018	Other (specify) ▶
Full Name of Payee EBERLE COMMUNICATIONS GROU		of Public Distribution/Dissemination		
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amou	unt
City	State	Zip Code	— F	123.15
MCLEAN	VA	22102-3028		saction ID : EFF9D76DA9E544F339D3 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL D CENTER	ATA	Category/ Type		02 26 / 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	Presid	dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4319.19	Disburseme	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	125.04
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically Fil	ed]	M = M /	20 2018
Signature		Date	9 03	2010

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TE	EMIZED INDEPENDENT EXPENDITURES	;			PAGE 107 OF 122
NΑ	AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	STARS AND STRIPES FOREVER PA	AC			FEC IDENTIFICATION NUMBER ▼
	THROTING OTHER LOT ONLIVER TO	710			C C00635243
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
	Full Name of Payee COLORTREE GROUP INC		☐ Memo	Item C	Date of Public Distribution/Dissemination
	Mailing Address 8000 VILLA PARK DR				01 22 2018
					Amount
	City	State	Zip Code		221.22
	RICHMOND	VA	23228-6500		Transaction ID : E641BC4F5DA6849E7B5B Date of Disbursement or Obligation
	Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL M	IATERIALS	Category/ Type		02 26 7 2018
	Name of Federal Candidate:		Support	Office S	Sought: House District:
	STABENOW, DEBBIE, , ,		X Oppose	l —	resident Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	7	3102.08	Disburse 2018	ement For:
	Full Name of Payee COLORTREE GROUP INC		☐ Memo	Item [Date of Public Distribution/Dissemination
	Mailing Address 8000 VILLA PARK DR				Amount
	City	State	Zip Code		221.22
	RICHMOND	VA	23228-6500		Transaction ID : ECE1A1CB4AD04477A9C Date of Disbursement or Obligation
	Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL N	MATERIALS	Category/ Type		02 / 26 / 2018
	Name of Federal Candidate:		Support	Office S	Sought: House District:
	BROWN, SHERROD, , ,		X Oppose		resident Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disburse 2018	ement For: ☐ Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	s		• [442.44
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
	(c) TOTAL Independent Expenditures			•	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically Fil	led] Date	M = M	7

TEMIZED INDEPENDENT EXPENDITURES				PAGE 108 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER P	AC			C C00635243
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo	Item Date	of Public Distribution/Dissemination
				01 22 7 2018
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amo	unt
City	State	Zip Code		123.15
MCLEAN	VA	22102-3028		saction ID : EB145A00610AE4CCDAC4 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL D CENTER	ATA	Category/ Type		02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
HEITKAMP, HEIDI, , ,		X Oppose	Presid	dent Senate State: ND
Calendar Year-To-Date		3102.08	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7	3102.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
LAWAN				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1121 S. BOYLE AVE.			Amo	unt
Oth	0	7:- 0-1-		3000.00
City LOS ANGELES	State	Zip Code 90023-2150		nsaction ID : EB9DEE1565DDD46C8909 of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/15/2018. BILLBOARD ADVERTISEMENT PLACEMENT		Category/ Type		M M O2 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Soug	ht: K House District: 43
WATERS, MAXINE, , ,		X Oppose	Presid	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	22425.02	Disburseme	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			3123.15
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures				
(c) TOTAL macponacin Exponantares			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fi	led]	M M /	20 2018
Signature		Date	9 03	2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 109 OF 122
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	4C			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
COLORTRÉE GROUP INC				01
Mailing Address 8000 VILLA PARK DR				Amount
City	State	Zip Code		221.22
RICHMOND	VA	23228-6500		Transaction ID : E01CD8E613416485684D Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MA	ATERIALS	Category/ Type		02 26 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		X Oppose	F	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disburs 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GROU		01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1420 SPRING HILL ROAD SUITE	490			Amount
City	State	Zip Code		123.15
MCLEAN	VA	22102-3028		Transaction ID : E3237B836222A4DEFB17 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DIR	DATA	Category/ Type		02 / 26 / 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		X Oppose	F	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	1 1	3102.08	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	344.37
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	[Electronically Fil	[ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 03	20 2010

TEMIZED INDEPENDENT EXPENDITURES			PAGE 110 OF 122
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
STARS AND STRIPES FOREVER PA	√C		C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amount
City	State	Zip Code	483.53
MCLEAN	VA	22102-3028	Transaction ID : EBA6001AE88EC4B1CA54 Date of Disbursement or Obligation
Purpose of Expenditure EMAIL CREATIVE		Category/ Type	02 26 7 2018
Name of Federal Candidate:		Support Of	ffice Sought: House District:
MOORE, ROY, , ,		Oppose [President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1837.62 Di	isbursement For:
Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amount
City MCLEAN	State	Zip Code 22102-3028	306.32 Transaction ID : E203DD6FDED294169807
Purpose of Expenditure			Date of Disbursement or Obligation
DIRECT MAIL CREATIVE		Category/ Type	02 / 26 / Y Y Y Y Y Y
Name of Federal Candidate:		Support Of	ffice Sought: House District:
DONNELLY, JOSEPH, S, ,		X Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	1	40077.00	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		·····	789.85
(b) SUBTOTAL of Unitemized Independent Expenditure	res	·····	
(c) TOTAL Independent Expenditures		·····	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
SATTERFIELD, DAVID, , ,	Electronically Fil	led] Date	03

TEMIZED INDEPENDENT EXPENDITURES			PAGE 111 OF 122 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
STARS AND STRIPES FOREVER PA	AC .		C C00635243			
Check if 24-hour report 48-hour report	New rep	ort Amends report	filed on M M / D D / Y Y Y Y			
Full Name of Payee ZIP MAILING SERVICES, INC.		☐ Memo Ite	M M / D D / Y Y Y Y			
Mailing Address 6304 SHERIFF RD. STE Z			11 29 2017 Amount			
City	State	Zip Code	2458.73			
LANDOVER	MD	20785	Transaction ID : EC99563A85328422EA6B Date of Disbursement or Obligation			
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		Support	Office Sought: M House District: 43			
WATERS, MAXINE, , ,		✗ Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	7		Disbursement For: Primary			
Full Name of Payee COLORTREE GROUP INC	Date of Public Distribution/Dissemination					
	01 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 8000 VILLA PARK DR			Amount			
City	State	Zip Code	221.22			
RICHMOND	VA	23228-6500	Transaction ID : E140F1673D782408AB17 Date of Disbursement or Obligation			
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL M	IATERIALS	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		Support	Office Sought: House District:			
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	President Senate State: VA			
Calendar Year-To-Date Per Election for Office Sought	7 7	4040 40	Disbursement For: Primary General Other (specify) ☐			
(a) SUBTOTAL of Itemized Independent Expenditures			2679.95			
(b) SUBTOTAL of Unitemized Independent Expenditur	(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			>			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•	• • • • • • • • • • • • • • • • • • • •			
SATTERFIELD, DAVID, , ,	Electronically Fil	led] Date	03 20 / 2018			

	MIZED INDEPENDENT EXPENDITURES	;			PAGE 112 OF 122
ΝΔ	ME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	TARS AND STRIPES FOREVER P.	FEC IDENTIFICATION NUMBER ▼			
_					C C00635243
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
	Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD SUITE 490					01 22 2018 Amount
-	City	State	Zip Code		123.15
	MCLEAN	VA	22102-3028		Transaction ID : E169088F3E698400DA41 Date of Disbursement or Obligation
	Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL D CENTER	ATA	Category/ Type		02 26 2018
	Name of Federal Candidate:		Support	Office	e Sought: House District:
	TESTER, JON, , ,		x Oppose		President Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disbu 2018	orsement For: Primary ★ General Other (specify) ▶
ľ	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
COLORTRÉE GROUP INC					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 8000 VILLA PARK DR				Amount
-	City	Ctata	Zin Codo		221.22
	City RICHMOND	State VA	Zip Code 23228-6500		Transaction ID : EDABA963A290A4E728D6
	Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL I	MATERIALS	Category/ Type		Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Name of Federal Candidate:		Support	Office	e Sought: House District:
	DONNELLY, JOSEPH, S, ,		x Oppose		President X Senate State: IN
	Calendar Year-To-Date Per Election for Office Sought		18877.26	Disbu 2018	ursement For: Primary
	r or Election for emiss edugiti	7 7			Other (specify)
((a) SUBTOTAL of Itemized Independent Expenditures	S		. •	344.37
((b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
,	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		• • • • • • • • • • • • • • • • • • • •
	SATTERFIELD, DAVID, , ,	[Electronically Fi	<i>led]</i> Date	e 0	3 20 2018
	Signature	•	_ Date	0	20 2010

TEMIZED INDEPENDENT EXPENDITURES			PAGE 113 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
STARS AND STRIPES FOREVER PA	/C		C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amount
City	State	Zip Code	123.15
MCLEAN	VA	22102-3028	Transaction ID : E0EE9C92AF67746598FE Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type	02 26 7 2018
Name of Federal Candidate:		Support	Office Sought: House District:
CASEY, ROBERT P, JR, ,		x Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		0.100.00	Disbursement For: ☐ Primary
Full Name of Payee EBERLE COMMUNICATIONS GROUMAIling Address 1420 SPRING HILL ROAD SUITE		☐ Memo It	Date of Public Distribution/Dissemination M 01
Oth	01-10	7:- 0-40	123.15
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : EDCDBDD3A21014CDCA3 Date of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL D CENTER	ATA	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
BROWN, SHERROD, , ,		Coppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			246.30
(b) 30b 10 IAE of Officernized independent Expenditor	63		
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	• • • • • • • • • • • • • • • • • • • •
SATTERFIELD, DAVID, , ,	Electronically File	ed] Date	03 20 7 2018

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TE	EMIZED INDEPENDENT EXPENDITURES	j			PAGE 114 OF 122	
N.F	AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
STARS AND STRIPES FOREVER PAC						
_					C C00635243	
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y	
	Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo	Item [Date of Public Distribution/Dissemination	
	Mailing Address 1420 SPRING HILL ROAD SUITE	490			01 22 2018 Amount	
	City	State	Zip Code		123.15	
	MCLEAN	VA	22102-3028		Transaction ID : ED6190E765FDD45D8AD0 Date of Disbursement or Obligation	
	Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type		02 26 7 2018	
	Name of Federal Candidate:		Support	Office S	Sought: House District:	
	STABENOW, DEBBIE, , ,		X Oppose	l	President Senate State: MI	
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	3102.08	Disburs 2018	ement For: Primary General Other (specify) ▶	
	Full Name of Payee CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL ROAD, SUITE	E 490	☐ Memo		Date of Public Distribution/Dissemination 11 29 2017 Amount	
	City	State	Zip Code		5207.51	
	MCLEAN	VA	22102-3028		Transaction ID : EA3A48A640B6E40719EF Date of Disbursement or Obligation	
	Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type		02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate:		Support	Office S	Sought: House District: 43	
	WATERS, MAXINE, , ,		x Oppose	l	President Senate State: CA	
	Calendar Year-To-Date Per Election for Office Sought	7	22425.02	Disburs 2018	ement For:	
	(a) SUBTOTAL of Itemized Independent Expenditures	S		• [5330.66	
	(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•		
	(c) TOTAL Independent Expenditures			• [
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	late or authorized				
	SATTERFIELD, DAVID, , ,	[Electronically File	[ed] Date	M = N	7	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 115 OF 122 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
STARS AND STRIPES FOREVER PA	4C		C C00635243		
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo It	M M / D D / Y Y Y Y		
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		11 29 2017 Amount		
City	State	Zip Code	306.32		
MCLEAN	VA	22102-3028	Transaction ID : E16E3F77571194865ABE Date of Disbursement or Obligation		
Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type	02 26 7 2018		
Name of Federal Candidate:		Support	Office Sought: House District:		
KAINE, TIMOTHY, MICHAEL, ,		Coppose Support	President Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought	7 7	101010	Disbursement For: ☐ Primary X General 2018 ☐ Other (specify) ▶		
Full Name of Payee CAMPAIGN FUNDING DIRECT	☐ Memo It	Date of Public Distribution/Dissemination 12 08 2017			
Mailing Address 1420 SPRING HILL ROAD, SUITE	490		Amount		
City MCLEAN	State VA	Zip Code 22102-3028	200.95 Transaction ID : E2D984054087D4CE3AE0		
Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type	Date of Disbursement or Obligation 02 26 2018		
Name of Federal Candidate:			Office Sought: M House District: 43		
WATERS, MAXINE, , ,		x Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	1 1	00405 00	Disbursement For: ☐ Primary		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	· · · · · · · · · · · · · · · · · · ·		
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	03 20 7 2018		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 116 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u>'</u>
STARS AND STRIPES FOREVER PA		FEC IDENTIFICATION NUMBER ▼		
				C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee EBERLE COMMUNICATIONS GROUP		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Am	01 22 2018 nount
City	State	Zip Code	— F	123.15
MCLEAN	VA	22102-3028		ansaction ID : E169B7E42DAA94925949 te of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type		02 26 2018
Name of Federal Candidate:		Support	Office So	ught: House District:
DONNELLY, JOSEPH, S, ,		x Oppose		sident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7	18877.26	Disbursen 2018	nent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee EBERLE COMMUNICATIONS GROU Mailing Address 1420 SPRING HILL ROAD SUITE		☐ Memo		te of Public Distribution/Dissemination
			All	nount
City MCLEAN	State	Zip Code 22102-3028		123.15 ansaction ID : E6D35EC876FE545FBADF
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL D CENTER) ATA	Category/ Type	Da	te of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
BALDWIN, TAMMY, , ,		x Oppose		sident X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	9811.76	Disbursen 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	246.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SATTERFIELD, DAVID, , ,	Electronically File	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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TE	EMIZED INDEPENDENT EXPENDITURES	i			PAGE 117 OF 122
NA	AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	STARS AND STRIPES FOREVER PA		FEC IDENTIFICATION NUMBER ▼		
_					C C00635243
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
	Full Name of Payee COLORTREE GROUP INC		☐ Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 8000 VILLA PARK DR				01 22 2018 Amount
	City	State	Zip Code		221.22
	RICHMOND	VA	23228-6500		Transaction ID : EC3E4E50028684089B04
	Purpose of Expenditure		Cotocony	\dashv	Date of Disbursement or Obligation
	PMT FOR EST FROM 1/22/2018. DIRECT MAIL M	ATERIALS	Category/ Type		02 26 2018
	Name of Federal Candidate:		Support	Office	Sought: House District:
	BALDWIN, TAMMY, , ,		x Oppose	F	President Senate State: WI
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9811.76	Disburs 2018	sement For:
	Full Name of Payee CAMPAIGN FUNDING DIRECT		☐ Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 1420 SPRING HILL ROAD, SUITE	∃ 490			Amount
	City	State	Zip Code		306.32
	MCLEAN	VA	22102-3028		Transaction ID : E1D3FA719EE4948479FB Date of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL CREATIVE		Category/ Type		02
	Name of Federal Candidate:		Support	Office	Sought: House District:
	BALDWIN, TAMMY, , ,		x Oppose	F	President State: WI
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9811.76	Disburs 2018	sement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	S		•	527.54
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
	(c) TOTAL Independent Expenditures			• •	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	late or authorized			
	SATTERFIELD, DAVID, , ,	[Electronically File	led] Dots	M = 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 118 OF 122 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee EBERLE COMMUNICATIONS GROUP 01 10 2018 Mailing Address 1420 SPRING HILL ROAD SUITE 490 Amount Zip Code 5.60 City State 22102-3028 Transaction ID: E23B2219B35DE470690F **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA 02 27 2018 Type **CENTER** Name of Federal Candidate: Support Office Sought: House District: MCCASKILL, CLAIRE, , , MO Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 3102.08 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item EBERLE COMMUNICATIONS GROUP 10 2018 01 Mailing Address 1420 SPRING HILL ROAD SUITE 490 Amount City State Zip Code 5.60 Transaction ID: E25AAF933AF704CF788A **MCLEAN** VA 22102-3028 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA 27 2018 02 Type **CENTER** Name of Federal Candidate: Support Office Sought: House District: DONNELLY, JOSEPH, S,, IN X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 18877.26 2018 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 11.20 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 03 20 2018 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 119 122 OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ STARS AND STRIPES FOREVER PAC C00635243 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee EBERLE COMMUNICATIONS GROUP 01 10 2018 Mailing Address 1420 SPRING HILL ROAD SUITE 490 Amount Zip Code 5.60 City State 22102-3028 Transaction ID: EFC31E7E430224BA9AC9 **MCLEAN** VA Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA 02 27 2018 Type **CENTER** Name of Federal Candidate: Support Office Sought: House District: BROWN, SHERROD, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 3102.08 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item EBERLE COMMUNICATIONS GROUP 10 2018 01 Mailing Address 1420 SPRING HILL ROAD SUITE 490 Amount City State Zip Code 5.60 **MCLEAN** Transaction ID: E7E592437F91D40B88EF VA 22102-3028 Date of Disbursement or Obligation Purpose of Expenditure Category/ PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA 27 2018 02 Type **CENTER** Name of Federal Candidate: Support Office Sought: House District: TESTER, JON, , , MT X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 3102.08 2018 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 11.20 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SATTERFIELD, DAVID, , , [Electronically Filed] 03 20 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITORES				PAGE 120 OF 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
STARS AND STRIPES FOREVER PA	AC.			C C00635243
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
EBERLE CÓMMUNICATIONS GROUP				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Ar	mount
City	State	Zip Code		5.60
MCLEAN	VA	22102-3028		ransaction ID : E6EE1E8BD212A491C92B ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type		02 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office So	ought: House District:
STABENOW, DEBBIE, , ,		X Oppose	Pre	esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	3102.08	Disburse 2018	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
EBERLE COMMUNICATIONS GROU		01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Ar	mount
City	State	Zip Code		5.60
MCLEAN	VA	22102-3028		ransaction ID : EA524724B64E4463BA9F ate of Disbursement or Obligation
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL D CENTER	ATA	Category/ Type		02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
HEITKAMP, HEIDI, , ,		X Oppose	Pre	esident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	3102.08	Disburse 2018	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				11.20
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(1, 222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
SATTERFIELD, DAVID, , ,	Electronically Fil	ed] Date	e 03	20 2018
Signature		_ Date	00	

TEMIZED INDEPENDENT EXPENDITURES				-	PAGE 121			
NAME OF COMMITTEE (In Full)				<u> </u>		4 OF FORM 3X		
STARS AND STRIPES FOREVER PA		ENTIFICATI	ON NUMBER ▼					
				C	C00635243			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ M /	D D /	Y		
Full Name of Payee EBERLE COMMUNICATIONS GROUP			/Dissemination					
Mailing Address	[01	10	2018				
1420 SPRING HILL ROAD SUITE	490		Amou	unt				
City	State	Zip Code				5.60		
MCLEAN	VA	22102-3028			D: E8E49A6 sement or C	22E9924E20881 Obligation		
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type		02	27	2018		
Name of Federal Candidate:		Support	Office Soug	ht:	House	District:		
CASEY, ROBERT P, JR, ,		x Oppose	Presid		Senate	State: PA		
Calendar Year-To-Date Per Election for Office Sought		3102.08	Disburseme	L	Primary	√ X General		
Tot Election for Office Gought	7 7			U Other (specify) ▶				
Full Name of Payee EBERLE COMMUNICATIONS GROU	JP	☐ Memo	Item Date	Date of Public Distribution/Dissemination				
					01 10 2018			
Mailing Address 1420 SPRING HILL ROAD SUITE	490		Amou	Amount				
City	State	Zip Code				5.60		
MCLEAN	VA	22102-3028	Tran	saction II		06E1E0E489D906 Obligation		
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL D CENTER	ATA	Category/ Type		02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		Support	Office Soug	ht:	House	District:		
BALDWIN, TAMMY, , ,		X Oppose	Presid	_	Senate	State: WI		
Calendar Year-To-Date Per Election for Office Sought		9811.76	Disburseme	L	Primary	General		
The second secon	7 7			Other (spe	ecify)			
(a) SUBTOTAL of Itemized Independent Expenditures			· •			11.20		
(h) CURTOTAL of Unitamized Independent Expanditure	***		. 🕝					
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• -					
(c) TOTAL Independent Expenditures			•	1				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
SATTERFIELD, DAVID, , ,	Electronically Fil	[ed] Date	e 03	20	/ 201	Y		
Cianatura	•	_ Date	, 00		201	-		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 122 OF 122 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
STARS AND STRIPES FOREVER PA	AC .			C C00635243		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M - M / D - D / Y - Y - Y		
		<u> </u>				
Full Name of Payee EBERLE COMMUNICATIONS GROUP	Item Da	te of Public Distribution/Dissemination				
Mailing Address 1420 SPRING HILL ROAD SUITE	Am	01 10 2018				
City	State	Zip Code	— г	5.60		
MCLEAN	VA	22102-3028		ansaction ID : E6134CCADBAD943EF907 te of Disbursement or Obligation		
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DA CENTER	ATA	Category/ Type		02 27 2018		
Name of Federal Candidate:		Support	Office So	ught: House District:		
KAINE, TIMOTHY, MICHAEL, ,		x Oppose	Pre	sident Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		4319.19	Disburser	nent For: Primary Seneral		
,				Other (specify) ▶		
Full Name of Payee				Date of Public Distribution/Dissemination		
Moiling Address				W - W / D - D / Y - Y - Y - Y		
Mailing Address			An	nount		
City	State	Zip Code				
			Da	te of Disbursement or Obligation		
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y Y		
Name of Federal Candidate:		Support	Office So	ught: House District:		
		Oppose	Pre	sident Senate State:		
Calendar Year-To-Date			Disburser	ment For: Primary General		
Per Election for Office Sought	7-1-1-1			Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				5.60		
(b) SUBTOTAL of Unitemized Independent Expenditu	res					
(c) TOTAL Independent Expenditures			• _	33506.33		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized					
SATTERFIELD, DAVID, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y		
Signature	III	Date	9 03	20 2018		