

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 STARS AND STRIPES FOREVER PAC

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00635243 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: [X] Mar 20 (M3) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 02 / 01 / 2018 through 02 / 28 / 2018

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

Signature of Treasurer SATTERFIELD, DAVID, , , [Electronically Filed] Date 03 / 20 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**STARS AND STRIPES FOREVER PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57506.68	57506.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	26726.16	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

Report Covering the Period: From: 02 / 01 / 2018 To: 02 / 28 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40682.00	57142.00
(ii) Unitemized .....	33606.12	64575.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	74288.12	121717.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	74288.12	121717.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4565.53	17501.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	78853.65	139218.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78853.65	139218.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	31802.52	68490.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31802.52	68490.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	33506.33	61549.50
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65308.85	130040.29
32. 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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	74288.12	121717.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74288.12	121717.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	31802.52	68490.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31802.52	68490.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. BETTIS, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 7  
 City EMMETT State ID Zip Code 83617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2018  
**Transaction ID : A440E06A4F0DF4AAB9B5**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. DICKSON, SUE, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 KEY HARBOR DR  
 City SAFETY HARBOR State FL Zip Code 34695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SDSTT.COM Occupation (for Individual) EDUCURRDESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2018  
**Transaction ID : A5862082258A6482298E**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. ALTON, DUANE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 N LANCASHIRE LN  
 City LIBERTY LAKE State WA Zip Code 99019-8531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2018  
**Transaction ID : AE65D170BDFE643C680F**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BANKS, ELIZABETH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1106 N HARVILLE RD  
 City DUNCAN State OK Zip Code 73533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 02 / 2018  
**Transaction ID : A56A70E52B0FD40739CC**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. SIMPSON, HAROLD, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8515 COSTA VERDE BLVD UNIT 1557  
 City SAN DIEGO State CA Zip Code 92122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 02 / 2018  
**Transaction ID : AFD103B0C26914F60B1C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. OHM, STACEY, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5416 DUTCHMAN DR  
 City RALEIGH State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUILDER'S DISCOUNT MANAGER Occupation (for Individual) IT MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2018  
**Transaction ID : A3F74C67D756F4AC0BF1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CURTIS, JOHN, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 570 MANOR RD  
 City MAITLAND State FL Zip Code 32751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2018.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2018  
**Transaction ID : AD390E13CE9FB4471B74**  
 Amount of Each Receipt this Period  
 2018.00  
 Memo Item

**B. NEAL, VICTOR, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4651 E 57TH PL  
 City TULSA State OK Zip Code 74135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2018  
**Transaction ID : A9258E22EA8A14636A41**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. MANGIONE, MICHAEL, JOSEPH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 FAYENCE  
 City NEWPORT COAST State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RESTAURANT OWNR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2018  
**Transaction ID : AEBC3FBA3B7734D64B2E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2768.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SCHOOF, RUSSELL, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 REDBUD ST  
 APT 201  
 City YUKON State OK Zip Code 73099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : ADFC1BE74B095491BB65**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. TINGLE, RALPH, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5960  
 City SANTA FE State NM Zip Code 87502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2018  
**Transaction ID : A034C7E3696604D6A831**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SEBASTIAN, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11852 YOUNGER CT  
 City AZLE State TX Zip Code 76020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt 02 / 15 / 2018  
**Transaction ID : A91093158F390467F821**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**STARS AND STRIPES FOREVER PAC**

**A. STEVENS, LEILANI, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 N LEA AVE  
 City ROSWELL State NM Zip Code 88201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HAIR DRESS RET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 15 / 2018  
**Transaction ID : AD1099C3DDF664AE6A66**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**B. DIXON, WILLIAM, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 S DITHRIDGE ST APT 903  
 City PITTSBURGH State PA Zip Code 15213-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2018  
**Transaction ID : AE87C323540384C7FBD9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. WILSON, ROBERT, I, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9275  
 City PEORIA State IL Zip Code 61612-9275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 16 / 2018  
**Transaction ID : AC97E9AF27706471BB19**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DUFFEY, DONALD, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2246 GOVERNORS BEND RD SE  
 City HUNTSVILLE State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALABAMA BUSINESS FORMS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 16 / 2018  
**Transaction ID : A466B3A0B5F694BE2AE2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SPREITER, STEPHEN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1197 ROSS CIR  
 City NAPA State CA Zip Code 94558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : A696E931CB8F642F58DA**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. KITTREDGE, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 622 N DARTMOUTH RD  
 City SPOKANE VALLEY State WA Zip Code 99206-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : A45717861E4E04124946**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

**A. MCGEE, THOMAS, P, MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 LONGVIEW CT  
 City FRANKLIN State NC Zip Code 28734-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : A7C3A8845FB334B74BE9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. KELTON, EUGENE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2312 AMHERST ST  
 City FORT COLLINS State CO Zip Code 80525-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AD731B328B0B7407B9F5**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. BUTSCHEK, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1755 FM 1378  
 City WYLIE State TX Zip Code 75098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AC8EBA0DB71594C86917**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, S, LEE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1154 HARVEST GLEN DR NW  
 City CLEVELAND State TN Zip Code 37312-6361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U S POSTAL SERVICE Occupation (for Individual) CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : ABD496D14C53C46F9B03**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. MARX, CHARLOTTE, M, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 287  
 City ELK RAPIDS State MI Zip Code 49629-0287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AFE45EF0F401144EE89B**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. DICKSON, SUE, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 KEY HARBOR DR  
 City SAFETY HARBOR State FL Zip Code 34695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SDSTT.COM Occupation (for Individual) EDUCURRDESIGN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AD7845C7D41634CE58B9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. HUNTER, JAMES, S, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19330 BEAUFAIN ST

City CORNELIUS	State NC	Zip Code 28031-5531
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		20		2018

**Transaction ID : A13B8D3B6512F4F4C9B4**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 3517 LENOX RD

City BIRMINGHAM	State AL	Zip Code 35213
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		20		2018

**Transaction ID : AADDF75A0EB8D4F7CB44**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 11254 E CICERO ST

City MESA	State AZ	Zip Code 85207
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		20		2018

**Transaction ID : A2956BBDA84804DC292D**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RODRIGUEZ, N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 EATON ST  
 City MEMPHIS State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AE1BB81066A8B4AD097A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. LESLIE, WILLIAM, F, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 STARFLOWER DR  
 City GRIFFIN State GA Zip Code 30223-5799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AEFF0EB13124F4EC09BD**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. REMINGTON, JAMES, A, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2671 TRELIS GREEN CIR  
 City HENRICO State VA Zip Code 23233-6984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : A10CA5A612F824889A2E**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MUNN, ARNOLD, S, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9708 W HAWTHORNE ST  
 City CRYSTAL RIVER State FL Zip Code 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AFC6325D101C94089A4D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. STULTZ, MARY, N, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 262 DEERFIELD CIR  
 City KINGWOOD State WV Zip Code 26537-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : A7532CC2A9F5045FEA49**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MEHRER, MORRIS, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18622 SE 122ND ST  
 City ISSAQUAH State WA Zip Code 98027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOSEPHSJEFFERSON&SONINC Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AA925DBC5F59E4810838**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. STAR, RICHARD, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19045 THOMSON DR  
 UNIT I-204  
 City BROOKFIELD State WI Zip Code 53045-5174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENGMAN-TAYLOR COMPANY Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2018  
**Transaction ID : AC2B1FC31CC994C5B8B2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DUNN, WILLIAM, V, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41964 ELSMERE RD  
 City AINSWORTH State NE Zip Code 69210-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER- RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : AA8CB01BED88E4098AEA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. POSSIN, MARC, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6093 N 2200TH AVE  
 City GENESEO State IL Zip Code 61254-8834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN DEERE SHARED SERVICES INC Occupation (for Individual) TECHNOLOGY ARCHITECT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : A8ADA9E551A5C447894D**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. RIES, MELVIN, A, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3585 ROUND BARN BLVD  
 APT 329  
 City SANTA ROSA State CA Zip Code 95403-0145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : A61EA8FB09EBE41358AF**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. ALTON, DUANE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 N LANCASHIRE LN  
 City LIBERTY LAKE State WA Zip Code 99019-8531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : A3B79BFC27A914BDBB89**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. WILSON, ROBERT, I, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9275  
 City PEORIA State IL Zip Code 61612-9275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A5643EB7A20C14F03B88**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KELTON, LORRAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2224 SHEFFIELD DR  
 City FORT COLLINS State CO Zip Code 80526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A434B999417514CEEA6**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. BUNGE, MELVIN, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2075 TREFOIL RD NE  
 City WAVERLY State KS Zip Code 66871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : AD64FEE6811684355B5D**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**C. BRITTON, LYNDA, R, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9913 LAKE SHORE BLVD  
 City CLEVELAND State OH Zip Code 44108-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 13500.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : AD1B81D2BE2784820B4E**  
 Amount of Each Receipt this Period 13500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GARRIOTT, DAVID, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19411 ADKINS FOREST DR  
 City SPRING State TX Zip Code 77379  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2018  
**Transaction ID : AA294E173ACF742F7925**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. VARSEL, CHARLES, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7907 ALETA DR  
 City SPRING State TX Zip Code 77379-6104  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : A95BD7EE775A241E2B1D**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. BLENIS, BARRY, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 WILLOWBROOK RD  
 City SURPRISE State NY Zip Code 12176-2301  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : A78B027A91C6145A8AFC**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. STANLEY, DAVID, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 ORCHARD LN

City OAK RIDGE	State TN	Zip Code 37830
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HYPERBARIC WOUND SPECIALI	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

**Transaction ID : A5176F7CB299E49DAB91**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 11852 YOUNGER CT

City AZLE	State TX	Zip Code 76020
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

**Transaction ID : AF5EB404940A8436492A**

Amount of Each Receipt this Period  
39.00

Memo Item

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

Mailing Address 10288 IRON ORE RD

City CONROE	State TX	Zip Code 77303-2410
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

**Transaction ID : AC2E702D981C94CD6A4A**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1114.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BUESCHEL, HOWARD, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 UPPER FERRY RD  
 City TRENTON State NJ Zip Code 08628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : ACEEFB32282FB4C5FB71**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. SCOTT, EVA, F, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15830 GOODES BRIDGE RD  
 City AMELIA COURT HOUSE State VA Zip Code 23002-4717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : A05A29C671C7A481A940**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. KUBIN, DANIEL, D, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 BLOUNT ST  
 City HOUSTON State TX Zip Code 77008-4441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : AB31F45CC3E4E43A2ABF**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. STEWART, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 NW WINTERS CREEK RD  
 City PALM CITY State FL Zip Code 34990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : A818EF52789BF4A28BC3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. GALKIN, WARREN, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 SAGE DR  
 City WARWICK State RI Zip Code 02886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N PRODUCTS CORP Occupation (for Individual) VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : AD32726C4EEF344EA8B1**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. BETTIS, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 7  
 City EMMETT State ID Zip Code 83617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : A1EF40058E682487BB48**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ISLAM, ANGE, RAE, MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5584 STATE ROUTE 20A E

City WARSAW	State NY	Zip Code 14569-9302
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

**Transaction ID : A7F08E66985A7491AA36**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 12075 LEWIS RD

City BRANCHVILLE	State IN	Zip Code 47514-9022
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MARY KAY	Occupation (for Individual) SALES DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : A467C68D7CF6441AABBF**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1901 POPLAR ST

City RICHLAND	State WA	Zip Code 99354
------------------	-------------	-------------------

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

Name of Employer (for Individual) BOHCELE MEMORIAL INSTITUT	Occupation (for Individual) SCIENTIST
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

**Transaction ID : A854BDDEC2F544B8F838**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. WELLS, KEITHA, K, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3911 APPALACHIAN TRL

City KINGWOOD	State TX	Zip Code 77345-1022
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : A8F7494CE5BFD4C2D91F**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 6666 ODANA RD  
STE 215

City MADISON	State WI	Zip Code 53719
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : A9D90F8F86C1449DE8CA**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2050 BEAVERCREEK RD  
STE 101-307

City OREGON CITY	State OR	Zip Code 97045
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : A15D1E2AA09B04C8FB8D**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	40682.00

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

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

FOR LINE NUMBER: PAGE 26 OF 122  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. OMEGA LIST COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 SPRING HILL ROAD  
 SUITE 490  
 City MCLEAN State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 17334.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A599FA34D9EEF4799BAA**  
 Amount of Each Receipt this Period  
 4565.53  
 Memo Item  
**LIST RENTAL**

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4565.53
<b>TOTAL</b> This Period (last page this line number only).....▶	4565.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ARISTOTLE INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C [REDACTED] <b>Transaction ID : B5A3AD6BD/</b> Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement COMPLIANCE DATABASE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PINKSTON GROUP</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 5270 SHAWNEE ROAD SUITE 102		FEC Identification Number C [REDACTED] <b>Transaction ID : BBED9801E6/</b> Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement PUBLIC RELATIONS AND WEBSITE MAINTENANCE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM J. OLSON, P.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 370 MAPLE AVENUE WEST SUITE 4		FEC Identification Number C [REDACTED] <b>Transaction ID : B5AB38F013</b> Amount of Each Disbursement this Period 1163.75
City VIENNA	State VA	Zip Code 22180-5615
Purpose of Disbursement LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3163.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SAVANNA COMMUNICATIONS**

Mailing Address 755 SONNE DRIVE

City  
ANNAPOLIS

State  
MD

Zip Code  
21401-7120

Purpose of Disbursement  
GENERAL MEDIA CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : B8551FA0E3!

Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 3200 WEST MARKET ST. SUITE 302

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
DIRECT MAIL THANK YOU PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : B2EA6EE595!

Amount of Each Disbursement this Period

[REDACTED] 80.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUSA, JOHN, P, , IV**

Mailing Address 11-C TALCOTT FOREST RD  
UNIT C

City  
FARMINGTON

State  
CT

Zip Code  
06032

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : B4496F42BB

Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

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

[REDACTED] 7080.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SARACINO, WILLIAM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 3625 ANGELUS AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : B71BBEDFFI</b> Amount of Each Disbursement this Period 1500.00	
City GLENDALE	State CA	Zip Code 91208	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ATKINSON, MAURICE, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 695 FRIAR TUCK LN		FEC Identification Number C [REDACTED] <b>Transaction ID : B411D4F99Bf</b> Amount of Each Disbursement this Period 750.00	
City MACON	State GA	Zip Code 31220	Category/ Type
Purpose of Disbursement SOCIAL MEDIA CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DESERT FOX STRATEGIC COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 5841 E CHARLESTON BLVD SUITE 230-226		FEC Identification Number C [REDACTED] <b>Transaction ID : BF19A203BC</b> Amount of Each Disbursement this Period 1000.00	
City MT REAGAN	State NV	Zip Code 89142	Category/ Type
Purpose of Disbursement COMMUNICATIONS CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. WASHINGTON INTELLIGENCE BUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement DONATION PROCESSING, CAGING, BOOKKEEPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 02 / 20 / 2018

FEC Identification Number: C

Transaction ID : B7D209B348

Amount of Each Disbursement this Period: 3113.09

Memo Item

**B. PARAMOUNT COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 525-K EAST MARKET STREET SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement FUNDRAISING EMAIL DISTRIBUTION SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 02 / 20 / 2018

FEC Identification Number: C

Transaction ID : B9A4B65D56I

Amount of Each Disbursement this Period: 583.10

Memo Item

**C. VALTIM**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 809  
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement FUNDRAISING DIRECT MAIL POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 02 / 20 / 2018

FEC Identification Number: C

Transaction ID : B56A4F8984

Amount of Each Disbursement this Period: 32.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3728.81

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 2812 EMERYWOOD PARKWAY

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2018

FEC Identification Number

C  
Transaction ID : B76329CADF  
Amount of Each Disbursement this Period  
103.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement  
COMPLIANCE DATABASE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

C  
Transaction ID : BFE676DF56!  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD, SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FUNDRAISING DIRECT MAIL CREATIVE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

C  
Transaction ID : B2241BAAD!  
Amount of Each Disbursement this Period  
2026.89

Memo Item

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

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

3130.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial) <b>A. COLORTREE GROUP INC</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2018
Mailing Address 8000 VILLA PARK DR		FEC Identification Number C [REDACTED] <b>Transaction ID : BFA1121EBD</b> Amount of Each Disbursement this Period [REDACTED] 526.62
City RICHMOND	State VA	Zip Code 23228-6500
Purpose of Disbursement FUNDRAISING DIRECT MAIL MATERIALS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EBERLE COMMUNICATIONS GROUP</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 1420 SPRING HILL ROAD SUITE 490		FEC Identification Number C [REDACTED] <b>Transaction ID : BF573571ECf</b> Amount of Each Disbursement this Period [REDACTED] 3116.56
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement FUNDRAISING DIRECT MAIL DATA CENTER		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HUCKABY DAVIS LISKER</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address 228 S WASHINGTON STREET SUITE 115		FEC Identification Number C [REDACTED] <b>Transaction ID : B4F2976D1A</b> Amount of Each Disbursement this Period [REDACTED] 2750.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FEC COMPLIANCE AND ACCOUNTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6393.18
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILL ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : BA87E72A70  
Amount of Each Disbursement this Period  
776.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. ATKINSON, MAURICE, , ,**

Mailing Address 695 FRIAR TUCK LN

City MACON State GA Zip Code 31220

Purpose of Disbursement  
SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : B2C1BFB015  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUSA, JOHN, P, , IV**

Mailing Address 11-C TALCOTT FOREST RD  
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : BEB6A0A38;  
Amount of Each Disbursement this Period  
3500.00

Memo Item

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

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

5026.04  
31772.52

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : D324946E7B4D34D22BFE	
159.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	159.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : DAF23FED21F0A489A8BD	
306.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	306.32	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : DAA0865A952A84241B43	
159.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	159.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	318.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 244.23	Transaction ID : DD54416031CF4433088F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 273.24	Transaction ID : DA8156797FD4D47E8B14	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 273.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 273.24	Transaction ID : D98A87E4F404B40388DF	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 273.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	790.71
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 36 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : <b>DBF7F8685DFCC4322AB7</b>	
<input type="text" value="273.24"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="273.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period	Transaction ID : <b>DE7AF940B432046A9805</b>	
<input type="text" value="5207.51"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="5207.51"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : <b>D6559BDE95FDC440AB0C</b>	
<input type="text" value="4645.05"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2891.48"/>	<input type="text" value="1753.57"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2026.81"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 244.23	Transaction ID : D26DA05EEE5CC4FA5B7E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 2703.03	Transaction ID : DB3A9E4511F0D43FE9F0	
Amount Incurred This Period 0.00	Payment This Period 2458.73	Outstanding Balance at Close of This Period 244.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 306.32	Transaction ID : D2222F8088593420F9DC	
Amount Incurred This Period 0.00	Payment This Period 306.32	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	488.53
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 38 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : D9A011C1828444FDBAD5	
159.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	159.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D4FE27CCE97DD469AA86	
306.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	306.32	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period		Transaction ID : DA0FBCA46033F4EB4A1F	
244.23			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	244.23	

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	403.23
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	
4) <b>ADD 2) and 3)</b> 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 39 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTION MAILERS</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 90 COMMERCE DRIVE			
City ASTON	State PA	Zip Code 19014-3201	

Outstanding Balance Beginning This Period 4151.87	Transaction ID : D028535DA69314A7A905	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4151.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): EMAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 483.53	Transaction ID : DEEABF36B872A426D815	
Amount Incurred This Period 0.00	Payment This Period 483.53	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL POSTAGE/MAILHOUSE
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 4401.61	Transaction ID : DBBAF873E56134D09B8A	
Amount Incurred This Period 0.00	Payment This Period 2330.93	Outstanding Balance at Close of This Period 2070.68

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6222.55
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 40 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 200.95	Transaction ID : DBDBD293784384EAAB47	
Amount Incurred This Period 0.00	Payment This Period 200.95	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 5.60	Transaction ID : DED085D8535BB4DB6A66	
Amount Incurred This Period 0.00	Payment This Period 5.60	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : D3D673C84A57D451BB43	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21.43

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	21.43
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	
4) <b>ADD 2) and 3)</b> 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 41 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 : D8C1AD21D89F94B55AA1	
<input type="text" value="5.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="5.60"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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	
<input type="text" value="5.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="5.60"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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	Transaction ID : D2DD79692D30F4D23A3C	
<input type="text" value="233.72"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="233.72"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="233.72"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>		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 5.60		Transaction ID : D0AEE02F3D65D4B81992	
Amount Incurred This Period 0.00	Payment This Period 5.60	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43		Transaction ID : D24ED4F87A1204D2EBAD	
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 <b>VALTIM</b>		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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	113.05
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 43 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 : D67BC2C0377EF43468B4	
5.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5.60	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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		Transaction ID : D1806221455AE4B3B8D5	
91.62			
Amount Incurred This Period	Payment 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 <b>VALTIM</b>			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		Transaction ID : D2444F67F4C7647879A5	
233.72			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	233.72	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	325.34
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 44 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL CREATIVE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : D14EE7A656CEF45E0B4F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : DD78F75C4ECA742D5BBB	
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 <b>VALTIM</b>			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	Transaction ID : D102E9DB4F6A14FE8885	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 233.72

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	276.58
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 45 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D119D60642EF84616A08	
21.43			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	21.43	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period		Transaction ID : D3446C5E6DDB54E7088F	
91.62			
Amount Incurred This Period	Payment 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 <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D978F6BDB39654BA5848	
21.43			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	21.43	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	134.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 46 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="21.43"/>	<b>Transaction ID : D5A1AEC35559B4A02B8A</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21.43"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="91.62"/>	<b>Transaction ID : DC0D1925BD35D48D1BBD</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="91.62"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="5.60"/>	<b>Transaction ID : DF8B373755A194E1D838</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="113.05"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="233.72"/>	<b>Transaction ID : D86B4480771384ACE93A</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="233.72"/>	<b>Transaction ID : DC9FE662DFC7E4CCFA72</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.72"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="91.62"/>	<b>Transaction ID : DC193719F1A2C4B7E9B9</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="91.62"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="559.06"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="233.72"/>	Transaction ID : DB9310EF9F2A249FBB9F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="91.62"/>	Transaction ID : D52E1DCB1A8904F43889	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="91.62"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="5.60"/>	Transaction ID : DE164E5488C1846989B3	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="325.34"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period <input type="text" value="233.72"/>	Transaction ID : D1BE15C2E078A4649BBF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="91.62"/>	Transaction ID : D76E2D6122FBA4BEB94E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="91.62"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="21.43"/>	Transaction ID : D6ED99D8511814FFF9FC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21.43"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="346.77"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>		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 5.60		Transaction ID : D34117548CD5045EB857	
Amount Incurred This Period 0.00	Payment This Period 5.60	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>		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		Transaction ID : D8BE6D1D177014E7AB95	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 233.72	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>		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 : D67FF41EE6C674855BE6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	325.34
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 51 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="21.43"/>	Transaction ID : D5B9791EF48DA41D98AF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21.43"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="5.60"/>	Transaction ID : D37E77B5AAB4C493994A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="91.62"/>	Transaction ID : DC4403AF503354A259EC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="91.62"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="113.05"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALTIM</b>			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 <input type="text" value="233.72"/>	Transaction ID : <b>DE187654453AD494B859</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LAMAR</b>			Nature of Debt (Purpose): BILLBOARD ADVERTISEMENT PLACEMENT
Mailing Address 1121 S. BOYLE AVE.			
City LOS ANGELES	State CA	Zip Code 90023-2150	

Outstanding Balance Beginning This Period <input type="text" value="6790.00"/>	Transaction ID : <b>DD9C89376CEDA4706BEF</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3790.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="48.24"/>	Transaction ID : <b>DD32E6020986844828A6</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.24"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4071.96"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D802CA62CF86F471187B	
24.51			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	24.51	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

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	0.00	48.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : DE8439095666C4B9AB00	
24.51			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	24.51	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 54 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): EMAIL DISTRIBUTION
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : DB3AD96536A56499993B	
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 <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 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	0.00	48.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D921E802C466840D2922	
1.89			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1.89	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 55 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): EMAIL CREATIVE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : <b>DBB2E507B2DEB4D0A9A7</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>		Nature of Debt (Purpose): ONLINE MAILSHOP	
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 24.51		Transaction ID : <b>DCB5AFD64215243E3B88</b>	
Amount Incurred This Period 0.00	Payment This Period 24.51	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : <b>DC2326436223B422D8F5</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	96.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 56 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D274DD4FC98DB4BC4A68	
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 <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D7B68BA56C1814154847	
1.89			
Amount Incurred This Period	Payment 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 <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 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	

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	
4) <b>ADD 2) and 3)</b> 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 57 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): ONLINE AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24		Transaction ID : D25665D5799954CBE947	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>		Nature of Debt (Purpose): ONLINE MAILSHOP	
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 24.51		Transaction ID : D884BC5A21A1749BF8E4	
Amount Incurred This Period 0.00	Payment This Period 24.51	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>		Nature of Debt (Purpose): ONLINE MAILSHOP	
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 24.51		Transaction ID : DE16ABEFC88E040F3B8F	
Amount Incurred This Period 0.00	Payment This Period 24.51	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 58 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D0E6B299D8AAF4938B42	
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 <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

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	0.00	48.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : DF32276C6C2E743099F8	
1.89			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1.89	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 59 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): EMAIL DISTRIBUTION SERVICE
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : D5134B310B0144E26B62	
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 <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

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	0.00	48.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period		Transaction ID : DB49731F4BE534ADD9DE	
24.51			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	24.51	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 60 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 1.89	Transaction ID : D81912A4609A54A88801	
Amount Incurred This Period 0.00	Payment This Period 1.89	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 24.51	Transaction ID : DCA878CBFCEA64294B0B	
Amount Incurred This Period 0.00	Payment This Period 24.51	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): ONLINE MAILSHOP
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 1.89	Transaction ID : DA859EDF83FA04DDCA2F	
Amount Incurred This Period 0.00	Payment This Period 1.89	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....▶	
4) <b>ADD 2) and 3)</b> 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 61 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PARAMOUNT COMMUNICATIONS</b>			Nature of Debt (Purpose): EMAIL DISTRIBUTION
Mailing Address 525-K EAST MARKET STREET SUITE 114			
City LEESBURG	State VA	Zip Code 20176	

Outstanding Balance Beginning This Period 24.51	Transaction ID : DD324971A8B794A05BAE	
Amount Incurred This Period 0.00	Payment This Period 24.51	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24	Transaction ID : D71FB991EA60C4AE4A52	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00	Transaction ID : D37F7955FFDA045B7B36	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	198.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 62 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 <input type="text" value="152.24"/>	Transaction ID : DB3599CB6858D47F8AE3	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="152.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 <input type="text" value="152.24"/>	Transaction ID : DE3DE2357736D480DBE9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="152.24"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>	Transaction ID : D653C0DAF988F40E7B5A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="454.48"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : <b>DB651DF4FC798463480F</b>	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : <b>D57D407725E0640A79DA</b>	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : <b>DA286D6ADDF A94DD991C</b>	
255.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	255.26	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	555.26
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 64 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period <input type="text" value="279.64"/>	Transaction ID : <b>DDD6AD5F18B364783928</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="279.64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="123.15"/>	Transaction ID : <b>D90BBE9D74AB34B42AA6</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="123.15"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period <input type="text" value="221.22"/>	Transaction ID : <b>D4E996C5C4098483DAD3</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="221.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="279.64"/>
2) <b>TOTALS</b> This Period (last page this line number only).....▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : D53EA9DF51A864C3DA28	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

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	0.00	255.26	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period		Transaction ID : DB1D73A8778FA460788E	
221.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	221.22	

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	626.48
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	
4) <b>ADD 2) and 3)</b> 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 66 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="123.15"/>	Transaction ID : D9A12FC4D9FDF43A9880	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="123.15"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 <input type="text" value="152.24"/>	Transaction ID : D1866EFE07A48488E9C9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="152.24"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 <input type="text" value="123.15"/>	Transaction ID : DC0BB6FCCDE92406EBF9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="123.15"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="152.24"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00	Transaction ID : DE1118AAC1A25482AB25	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D68277CEFFF6C48F889A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 123.15	Transaction ID : D98C2D02D83F743A0892	
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	405.26
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 68 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D4DE0AF64148A4250B86	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL CREATIVE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : DC9B866A29A834C0EBB2	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>		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 123.15	Transaction ID : DCD7B5B44E805423EB64	
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	510.52
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 69 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22		Transaction ID : DDC3D33A8781E4C49A2B	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64		Transaction ID : D45B297B9127C40B3B21	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 279.64	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>		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 123.15		Transaction ID : DEC5BD8B371B04ADAA91	
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	279.64
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 70 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22	Transaction ID : D2FFF3E027AB04A12958	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 123.15	Transaction ID : DBF2DF7F43CAE420FB6B	
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22	Transaction ID : D150A60BC5B3E4912BB3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 221.22

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	221.22
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	
4) <b>ADD 2) and 3)</b> 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 71 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>			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 123.15	Transaction ID : D43E5AEFDDDED4463AB2		
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22	Transaction ID : D4D3ADAF8639442128FE		
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : DF72EDF44986D4E4DA8A		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 279.64	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	279.64
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 72 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : D1AD3A6AE1E9749F79F1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 279.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 152.24	Transaction ID : D884ACEC69EF040E6BED	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 152.24	Transaction ID : DA725793F4A0D4B5D8F7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	584.12
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 73 OF 122
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 933.32	Transaction ID : D78BA0FB075CE4C3BBC1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 933.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D7A3E05D24C5E47CDB79	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22	Transaction ID : DDD07E56D467D484F99C	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1188.58
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 74 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period	Transaction ID : D7DEB1FC3A6624A2B947	
<input type="text" value="150.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="150.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period	Transaction ID : DA7338295F31F4493B58	
<input type="text" value="279.64"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="279.64"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period	Transaction ID : D55A2DF0CD7ED408081B	
<input type="text" value="150.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="150.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="579.64"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D2E74645E0C7B4D35824	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22	Transaction ID : D4509162EDDBA4E63880	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			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 152.24	Transaction ID : D0EA0DD9F7B6044CFB67	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	407.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 76 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period	Transaction ID : D2B70CD9F46634BBAAA0	
<input type="text" value="279.64"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="279.64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period	Transaction ID : D873FF63B0F994219968	
<input type="text" value="279.64"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="279.64"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : DD75B34F6EA7F48CBB5E	
<input type="text" value="152.24"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="152.24"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="711.52"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D9421910FE55B426BA9F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : D2482A02C64FB4EA4BF4	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 279.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP DIRECT</b>			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : DBBA07959651944BDA08	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 279.64

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	814.54
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 78 OF 122
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLORTREE GROUP INC</b>		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22		Transaction ID : D255F1A703B344C17807	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 221.22	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP MAILING SERVICES, INC.</b>		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP	
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00		Transaction ID : D59C32F80DAB241A38B1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>		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 152.24		Transaction ID : DB633ED2A78024064B6A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	523.46
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 79 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EBERLE COMMUNICATIONS GROUP</b>		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 123.15	Transaction ID : D6FF1AB3CC9244198AED	
Amount Incurred This Period 0.00	Payment This Period 123.15	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN FUNDING DIRECT</b>		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D62E36EECC63646F29F2	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 255.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OMEGA LIST COMPANY</b>		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 152.24	Transaction ID : D2226CE03060D47C3BDB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	407.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 80 OF 122
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SAVANNA COMMUNICATIONS</b>			Nature of Debt (Purpose): RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Mailing Address 755 SONNE DRIVE			
City ANNAPOLIS	State MD	Zip Code 21401-7120	

Outstanding Balance Beginning This Period		Transaction ID : D664BCE68EC7E478792B	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1647.50	1647.50	0.00	

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	26726.16
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	26726.16



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PRODUCTION/PLACEMENT
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 13055.34
Disbursement For: General 2018

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 13055.34
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1647.50
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 8932.34
Disbursement For: 2018 General

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Name of Federal Candidate: DONNELLY, JOSEPH, S, ,
Calendar Year-To-Date Per Election for Office Sought 17997.84
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 7822.50
(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, , ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 231.39
Transaction ID : EF0DE1A0FAF0C4476B8B
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 231.39
Transaction ID : E0BEDB1CA3EB14395B5
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: STABENOW, DEBBIE, ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 462.78
(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] Date 03 / 20 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee OMEGA LIST COMPANY
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure DIRECT MAIL LIST RENTAL
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 16016.90

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, ,
Calendar Year-To-Date Per Election for Office Sought 3808.66

(a) SUBTOTAL of Itemized Independent Expenditures 3527.80
(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, , ,

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Date 03 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 231.39
Transaction ID : E67DF9D19A7A4406FB70
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: TESTER, JON, , ,
Support Oppose
Office Sought: House Senate State: MT
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 231.39
Transaction ID : E640168E575E640FF95B
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 462.78
(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, , ,

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Date 03 / 20 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 9366.20
Disbursement For: 2018 General

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3027.83
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 665.25
(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, , ,

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Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 433.86
Transaction ID : E41D949C011094E80AF8
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809 1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE
Date of Public Distribution/Dissemination 02 / 12 / 2018
Amount 231.39
Transaction ID : EE2FEC0FD0DE84C89B91
Date of Disbursement or Obligation 02 / 12 / 2018

Name of Federal Candidate: BROWN, SHERROD, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 665.25
(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]

Date 03 / 20 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635243
---	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 525-K EAST MARKET STREET SUITE 114	Amount <input type="text"/>
City LEESBURG State VA Zip Code 20176	<b>Transaction ID : E10AFAA7387F54D9D918</b>
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Kaine, Timothy, Michael, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4012.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 525-K EAST MARKET STREET SUITE 114	Amount <input type="text"/>
City LEESBURG State VA Zip Code 20176	<b>Transaction ID : E572D84BBD3E14A1288B</b>
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Heitkamp, Heidi, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: ND
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3102.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 134.49
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date  /  /

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 18570.94
Disbursement For: General 2018

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Name of Federal Candidate: BALDWIN, TAMMY, ,
Calendar Year-To-Date Per Election for Office Sought 9505.44
Disbursement For: General 2018

(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]

Date

03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Date of Public Distribution/Dissemination 02 / 15 / 2018
Amount 105.58
Transaction ID : EA5C9558C7D364C8A947
Date of Disbursement or Obligation 02 / 15 / 2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 4012.87

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Date of Public Distribution/Dissemination 02 / 15 / 2018
Amount 71.99
Transaction ID : ED90EA9617AC54B8EAA:
Date of Disbursement or Obligation 02 / 15 / 2018

Name of Federal Candidate: Baldwin, Tammy,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 9505.44

(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]

Date

03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 02 / 15 / 2018
Amount 35.86
Transaction ID : E76339C600B2E48E9900
Date of Disbursement or Obligation 02 / 15 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 02 / 15 / 2018
Amount 67.25
Transaction ID : E9538A2B13F554C16857
Date of Disbursement or Obligation 02 / 15 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 103.11
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 74.25
(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]

Date 03 / 20 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635243
---	--

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

Full Name of Payee <b>PARAMOUNT COMMUNICATIONS</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 525-K EAST MARKET STREET SUITE 114		Amount <input type="text"/>	
City LEESBURG	State VA	Zip Code 20176	Transaction ID : <b>E24B158EB00B74D1998B</b>
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TESTER, JON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3102.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount <input type="text"/>	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : <b>E09D04D1D06EC493D8D8</b>
Purpose of Expenditure EMAIL CREATIVE		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCCASKILL, CLAIRE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3102.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 74.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

SATTERFIELD, DAVID, , , *[Electronically Filed]* Date  /  /   
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: 2018 General

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 74.25
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 76.78
(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]

Date

03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Name of Federal Candidate: BROWN, SHERROD, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: BROWN, SHERROD, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 74.25
(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]

Date 03 / 20 / 2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 1.89
Transaction ID: E8036694422C14F19966
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: STABENOW, DEBBIE, , ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 24.51
Transaction ID: E182C9FD2546D4C379E3
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.40
(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]

Date 03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 1.89
Transaction ID : E61091E23AD51403CB08
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 24.51
Transaction ID : E41BAEBCCE2CC4EEBA
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: BROWN, SHERROD, , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.40
(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]

Date 03/20/2018

Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00635243                 </div>
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Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>VALTIM</b>		Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 12 / 08 / 2017			
Mailing Address P.O. BOX 809 1095 VENTURE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2330.93                 </div>			
City <b>FOREST</b>	State <b>VA</b>	Zip Code 24551-0809			
Purpose of Expenditure DIRECT MAIL POSTAGE/MAILHOUSE		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Transaction ID : <b>EC2805360D85D4CB09A4</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2018		
Name of Federal Candidate: WATERS, MAXINE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>43</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     18347.83                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2018			
Mailing Address 525-K EAST MARKET STREET SUITE 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     24.51                 </div>			
City <b>LEESBURG</b>	State <b>VA</b>	Zip Code 20176			
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Transaction ID : <b>E1A6E77225E944D0A91B</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2018		
Name of Federal Candidate: CASEY, ROBERT P, JR, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     3102.08                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2355.44                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     _____                 </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     _____                 </div>

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]*

Date M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00635243                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2018
Mailing Address 525-K EAST MARKET STREET SUITE 114	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1.89                 </div>
City State Zip Code LEESBURG VA 20176	
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BROWN, SHERROD, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">3102.08</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2018
Mailing Address 525-K EAST MARKET STREET SUITE 114	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     24.51                 </div>
City State Zip Code LEESBURG VA 20176	
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STABENOW, DEBBIE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">3102.08</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 26.40             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                                   </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                                   </div>

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]*

Date

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 1.89
Transaction ID : E55EF064655FB4888ADC
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 24.51
Transaction ID : EB2CD036CF46A4283AA6
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: DONNELLY, JOSEPH, S, ,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.40
(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]

Date

03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS Memo Item
Date of Public Distribution/Dissemination 01 / 18 / 2018

Mailing Address 525-K EAST MARKET STREET SUITE 114
Amount 1.89

City LEESBURG State VA Zip Code 20176
Transaction ID : E218D82DADD5D4E508B5

Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Category/Type
Date of Disbursement or Obligation 02 / 20 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR, , Support Oppose
Office Sought: House Senate State: PA

Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS Memo Item
Date of Public Distribution/Dissemination 01 / 18 / 2018

Mailing Address 525-K EAST MARKET STREET SUITE 114
Amount 1.89

City LEESBURG State VA Zip Code 20176
Transaction ID : E23DFBFF4F77D4B31A44

Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Category/Type
Date of Disbursement or Obligation 02 / 20 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S, , Support Oppose
Office Sought: House Senate State: IN

Calendar Year-To-Date Per Election for Office Sought 18570.94
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3.78
(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] Date 03 / 20 / 2018
Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635243
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Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 18 / 2018
Mailing Address 525-K EAST MARKET STREET SUITE 114		Amount 24.51
City LEESBURG	State VA	
Zip Code 20176	Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE	Transaction ID : <b>EB176D36D019B41E0B52</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 20 / 2018
Name of Federal Candidate: TESTER, JON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">3102.08</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 18 / 2018
Mailing Address 525-K EAST MARKET STREET SUITE 114		Amount 1.89
City LEESBURG	State VA	
Zip Code 20176	Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE	Transaction ID : <b>E66848C9734D64DAFA00</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 20 / 2018
Name of Federal Candidate: TESTER, JON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">3102.08</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">26.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>

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]* Date M M / D D / Y Y Y Y Y Y  
03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 1.89
Transaction ID : EB1CCBE09841840A1ABC
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Date of Public Distribution/Dissemination 01/18/2018
Amount 24.51
Transaction ID : ED893981005B14AB6A3F
Date of Disbursement or Obligation 02/20/2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.40
(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] Date 03/20/2018
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee PARAMOUNT COMMUNICATIONS Memo Item
Date of Public Distribution/Dissemination 01 / 18 / 2018

Mailing Address 525-K EAST MARKET STREET SUITE 114
Amount 24.51

City LEESBURG State VA Zip Code 20176
Transaction ID : E90AFD2A41BF34BA9AA7
Date of Disbursement or Obligation

Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Category/Type
Date of Disbursement or Obligation 02 / 20 / 2018

Name of Federal Candidate: MCCASKILL, CLAIRE, , , Support Oppose
Office Sought: House Senate State: MO
President

Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee PARAMOUNT COMMUNICATIONS Memo Item
Date of Public Distribution/Dissemination 01 / 18 / 2018

Mailing Address 525-K EAST MARKET STREET SUITE 114
Amount 24.51

City LEESBURG State VA Zip Code 20176
Transaction ID : E422908A1990D496EAD0
Date of Disbursement or Obligation

Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE
Category/Type
Date of Disbursement or Obligation 02 / 20 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , , Support Oppose
Office Sought: House Senate State: WI
President

Calendar Year-To-Date Per Election for Office Sought 9505.44
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.02
(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] Date 03 / 20 / 2018
Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00635243                 </div>
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Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2018						
Mailing Address 525-K EAST MARKET STREET SUITE 114	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      1.89                 </div> Transaction ID : <b>E943ECC41CA3A4CFCAA</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2018						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>LEESBURG</td> <td>VA</td> <td>20176</td> </tr> </table>		City	State	Zip Code	LEESBURG	VA	20176
City		State	Zip Code				
LEESBURG	VA	20176					
Purpose of Expenditure PMT FOR EST FROM 1/18/2018. EMAIL DISTRIBUTION SERVICE	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 15px;"></span>						
Name of Federal Candidate: <input type="checkbox"/> Support HEITKAMP, HEIDI, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></span> 3102.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>EBERLE COMMUNICATIONS GROUP</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2018						
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      123.15                 </div> Transaction ID : <b>EFF9D76DA9E544F339D3</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2018						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>MCLEAN</td> <td>VA</td> <td>22102-3028</td> </tr> </table>		City	State	Zip Code	MCLEAN	VA	22102-3028
City		State	Zip Code				
MCLEAN	VA	22102-3028					
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 15px;"></span>						
Name of Federal Candidate: <input type="checkbox"/> Support Kaine, Timothy, Michael, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></span> 4319.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      125.04                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>

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]

Date

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 221.22
Transaction ID : E641BC4F5DA6849E7B5B
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: STABENOW, DEBBIE, ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 221.22
Transaction ID : ECE1A1CB4AD04477A9C
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: BROWN, SHERROD, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 442.44
(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] Date 03/20/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: 2018 General

Full Name of Payee LAMAR
Mailing Address 1121 S. BOYLE AVE.
City LOS ANGELES State CA Zip Code 90023-2150
Purpose of Expenditure PMT FOR EST FROM 1/15/2018. BILLBOARD ADVERTISEMENT PLACEMENT
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 22425.02
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 3123.15
(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, , ,
Signature

[Electronically Filed]

Date 03 / 20 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 221.22
Transaction ID : E01CD8E613416485684D
Date of Disbursement or Obligation 02 / 26 / 2018

Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 123.15
Transaction ID : E3237B836222A4DEFB17
Date of Disbursement or Obligation 02 / 26 / 2018

Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 344.37
(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]

Date

03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Date of Public Distribution/Dissemination 12/04/2017
Amount 483.53
Transaction ID : EBA6001AE88EC4B1CA54
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: MOORE, ROY, ,
Support Oppose
Office Sought: House Senate State: AL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Date of Public Distribution/Dissemination 11/29/2017
Amount 306.32
Transaction ID : E203DD6FDEDED294169807
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 789.85
(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]

Date 03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure DIRECT MAIL POSTAGE
Name of Federal Candidate: WATERS, MAXINE, ,
Calendar Year-To-Date Per Election for Office Sought 22425.02

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, ,
Calendar Year-To-Date Per Election for Office Sought 4319.19

(a) SUBTOTAL of Itemized Independent Expenditures 2679.95
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Name of Federal Candidate: TESTER, JON, ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 18877.26
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 344.37
(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]

Date 03 / 20 / 2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 123.15
Transaction ID : E0EE9C92AF67746598FE
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 123.15
Transaction ID : EDCDBDD3A21014CDCA
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: BROWN, SHERROD,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 246.30
(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]

Date 03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 123.15
Transaction ID : ED6190E765FDD45D8AD0
Date of Disbursement or Obligation 02 / 26 / 2018
Office Sought: House District:
President Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 22425.02
Date of Public Distribution/Dissemination 11 / 29 / 2017
Amount 5207.51
Transaction ID : EA3A48A640B6E40719EF
Date of Disbursement or Obligation 02 / 26 / 2018
Office Sought: House District: 43
President Senate State: CA
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5330.66
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Date of Public Distribution/Dissemination 11/29/2017
Amount 306.32
Transaction ID: E16E3F77571194865ABE
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 4319.19

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Date of Public Distribution/Dissemination 12/08/2017
Amount 200.95
Transaction ID: E2D984054087D4CE3AE0
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: Waters, Maxine,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 22425.02

(a) SUBTOTAL of Itemized Independent Expenditures 507.27
(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]

Date

03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 123.15
Transaction ID : E169B7E42DAA94925949
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: DONNELLY, JOSEPH, S,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL DATA CENTER
Category/Type
Date of Public Distribution/Dissemination 01/22/2018
Amount 123.15
Transaction ID : E6D35EC876FE545FBADF
Date of Disbursement or Obligation 02/26/2018

Name of Federal Candidate: BALDWIN, TAMMY, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 246.30
(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]

Date 03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 221.22
Transaction ID : EC3E4E50028684089B04
Date of Disbursement or Obligation 02 / 26 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Category/Type
Date of Public Distribution/Dissemination 11 / 29 / 2017
Amount 306.32
Transaction ID : E1D3FA719EE4948479FB
Date of Disbursement or Obligation 02 / 26 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 527.54
(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]

Date 03 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Name of Federal Candidate: DONNELLY, JOSEPH, S, ,
Calendar Year-To-Date Per Election for Office Sought 18877.26
Disbursement For: General 2018

(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]

Date 03 / 20 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>STARS AND STRIPES FOREVER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635243
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>EBERLE COMMUNICATIONS GROUP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <input type="text"/> 5.60
City MCLEAN State VA Zip Code 22102-3028	
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BROWN, SHERROD, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3102.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>EBERLE COMMUNICATIONS GROUP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <input type="text"/> 5.60
City MCLEAN State VA Zip Code 22102-3028	
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TESTER, JON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3102.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 11.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

SATTERFIELD, DAVID, , , [Electronically Filed] Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Date of Public Distribution/Dissemination 01 / 10 / 2018

Mailing Address 1420 SPRING HILL ROAD SUITE 490
Amount 5.60

City MCLEAN State VA Zip Code 22102-3028
Transaction ID : E6EE1E8BD212A491C92B

Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Date of Disbursement or Obligation 02 / 27 / 2018

Name of Federal Candidate: STABENOW, DEBBIE, , ,
Office Sought: Senate State: MI

Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Date of Public Distribution/Dissemination 01 / 10 / 2018

Mailing Address 1420 SPRING HILL ROAD SUITE 490
Amount 5.60

City MCLEAN State VA Zip Code 22102-3028
Transaction ID : EA524724B64E4463BA9F

Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Date of Disbursement or Obligation 02 / 27 / 2018

Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Office Sought: Senate State: ND

Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 11.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, , , [Electronically Filed] Date 03 / 20 / 2018
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Date of Public Distribution/Dissemination 01/10/2018
Amount 5.60
Transaction ID : E8E49A622E9924E20881
Date of Disbursement or Obligation 02/27/2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Date of Public Distribution/Dissemination 01/10/2018
Amount 5.60
Transaction ID : EC7C5506E1E0E489D906
Date of Disbursement or Obligation 02/27/2018

Name of Federal Candidate: BALDWIN, TAMMY,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, ,

[Electronically Filed]

Date 03/20/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC
FEC IDENTIFICATION NUMBER C C00635243

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL DATA CENTER
Date of Public Distribution/Dissemination 01/10/2018
Amount 5.60
Transaction ID: E6134CCADBAD943EF907
Date of Disbursement or Obligation 02/27/2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 4319.19

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 5.60; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 33506.33

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]

Date 03/20/2018

Signature