



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICA FIRST ACTION, INC.**

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"/>		1899129.69
(b) Cash on Hand at Beginning of Reporting Period.....	6856930.78	
(c) Total Receipts (from Line 19) .....	4901156.33	34850356.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11758087.11	36749486.20
7. Total Disbursements (from Line 31).....	8951878.35	33943277.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2806208.76	2806208.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICA FIRST ACTION, INC.**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 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).....	4405252.00	33915939.00
(ii) Unitemized .....	47763.01	456914.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4453015.01	34372853.04
(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) .....	4453015.01	34372853.04
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).....	443394.54	464861.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4746.78	12642.44
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)).....▶	4901156.33	34850356.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4901156.33	34850356.51

**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 .....	696682.84	4573945.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	696682.84	4573945.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1300000.00	1300000.00
24. Independent Expenditures (use Schedule E) .....	6907370.51	28019735.53
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 .....	3575.00	5346.00
(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)).....	3575.00	5346.00
29. Other Disbursements (Including Non-Federal Donations).....	44250.00	44250.00
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)) ..	8951878.35	33943277.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8951878.35	33943277.44

**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) .....	4453015.01	34372853.04
34. Total Contribution Refunds (from Line 28(d)) .....	3575.00	5346.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4449440.01	34367507.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	696682.84	4573945.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	443394.54	464861.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	253288.30	4109084.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 328 BASILWOOD WAY

City LITTLETON	State CO	Zip Code 80126
-------------------	-------------	-------------------

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
10		30		2018

**Transaction ID : SA11AI.39701**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2601 COLLEGE PKWY

City CARSON CITY	State NV	Zip Code 89706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COMSTOCK VILLAGE	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2018

**Transaction ID : SA11AI.39534**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1400 CRYSTAL DRIVE  
SUITE 850

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

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 ▼  
502221.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2018

**Transaction ID : SA11AI.41242**

Amount of Each Receipt this Period  
87736.00

Memo Item  
IN-KIND: PAYROLL / OFFICE EXPENSES

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88236.00
<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 7 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. ANWAR, JAVAID, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 N. MARIENFELD SUITE 101  
 City MIDLAND State TX Zip Code 79701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIDLAND ENERGY, INC. Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250000.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : SA11AI.39065**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**B. AULBACH, TIFFANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10575 HOLLY STREET  
 City RANCHO CUCAMONGA State CA Zip Code 91701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US ARMY CORPS OF ENGINEERS Occupation (for Individual) SECRETARY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

Date of Receipt 11 / 13 / 2018  
**Transaction ID : SA11AI.40744**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BAILEY, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 MARQUETTE  
 City DALLAS State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAILEY DEASON Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 11 / 05 / 2018  
**Transaction ID : SA11AI.40356**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 10906 LAKE WINDERMERE DR

City GREAT FALLS	State VA	Zip Code 22066
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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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2018

**Transaction ID : SA11AI.39979**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 4500 RICHMOND AVE

City AUSTIN	State TX	Zip Code 78745
----------------	-------------	-------------------

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

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

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
10	/	22	/	2018

**Transaction ID : SA11AI.39013**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 23 GOLFVIEW PL

City ROTONDA WEST	State FL	Zip Code 33947
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARCOS ACCOUNTING & TAX	Occupation (for Individual) ACCOUNTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2018

**Transaction ID : SA11AI.39754**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BARRETT, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 HONEY GINGER AVE.  
 City LAS VEGAS State NV Zip Code 89131  
 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 ▼ 235.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39805**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BAXTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8440 CARMEL RIDGE COURT  
 City LAS VEGAS State NV Zip Code 89113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APOLLO REALTY Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI.39015**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BAXTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8440 CARMEL RIDGE COURT  
 City LAS VEGAS State NV Zip Code 89113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APOLLO REALTY Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 22 / 2018  
**Transaction ID : SA11AI.40911**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BEALS, CAMERON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 LAURELEAF DR  
 City PRESCOTT State AZ Zip Code 86303  
 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  
 10 / 18 / 2018  
**Transaction ID : SA11AI.38617**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. BEALS, CAMERON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 LAURELEAF DR  
 City PRESCOTT State AZ Zip Code 86303  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2018  
**Transaction ID : SA11AI.40861**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. BECKER, KAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41691 N LOTUS AVE  
 City ANTIOCH State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REMAX Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2018  
**Transaction ID : SA11AI.40738**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 11 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BECKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1039 ANNA COVES BLVD  
 City LAKE ANNA State VA Zip Code 23117  
 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 ▼ 550.00

Date of Receipt 11 / 08 / 2018  
**Transaction ID : SA11AI.40474**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BENEDICT, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 SEAFIELD LANE  
 City WESTHAMPTON BEACH State NY Zip Code 11978  
 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 ▼ 1100.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39679**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. BENNETT, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 NW 16TH STREET  
 City OKLAHOMA CITY State OK Zip Code 73103  
 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 ▼ 10000.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38823**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11050.00
<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 12 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BENSON, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7550 HILLSIDE DRIVE  
 City LA JOLLA State CA Zip Code 92037  
 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  
 11 / 09 / 2018  
**Transaction ID : SA11AI.40604**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. BISHOP, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 LAKE FRONT CIRCLE  
 City THE WOODLANDS State TX Zip Code 77380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEOSOUTHERN ENERGY CORP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : SA11AI.39210**  
 Amount of Each Receipt this Period  
 800000.00  
 Memo Item

**C. BLADES, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1772 EVANS ROAD  
 City ARKPORT State NY Zip Code 14807  
 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 ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2018  
**Transaction ID : SA11AI.39821**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	802950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 15017 LAKE PRETTY DR

City ODESSA	State FL	Zip Code 33556
----------------	-------------	-------------------

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
10		19		2018

**Transaction ID : SA11AI.38928**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3101 CELBRIDGE COURT

City VIRGINIA BEACH	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2018

**Transaction ID : SA11AI.39461**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1840 WILLDBERRY DRIVE

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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
10		18		2018

**Transaction ID : SA11AI.38649**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BULATAO, BLANCHE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8929 W TIERRA BUENA LN  
 City PEORIA State AZ Zip Code 85382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN EXPRESS Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 06 / 2018  
**Transaction ID : SA11AI.40447**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BURNETT, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3744 S LEISURE WORLD BLVD  
 City SILVER SPRING State MD Zip Code 20906  
 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 11 / 03 / 2018  
**Transaction ID : SA11AI.40220**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BUTERA, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4204 COLDWATER DR  
 City ROCKLIN State CA Zip Code 95765  
 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 11 / 03 / 2018  
**Transaction ID : SA11AI.40181**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. BUTLER, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4108 WARNOCK COURT  
 City FORT WORTH State TX Zip Code 76109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENVISION Occupation (for Individual) RADIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2018  
**Transaction ID : SA11AI.39285**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. CALDERON, ERNESTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 ROCK HILL CHURCH RD  
 City STAFFORD State VA Zip Code 22556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DON Occupation (for Individual) LOG MGMT SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2018  
**Transaction ID : SA11AI.39626**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CALKINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 FOUR HILLS RD SE  
 City ALBUQUERQUE State NM Zip Code 87123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNRISE MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39684**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. CAMPBELL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3861 BOCA BAY DRIVE  
 City DALLAS State TX Zip Code 75244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS INSTRUMENTS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 11 / 2018  
**Transaction ID : SA11AI.40713**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CAMUS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42-41 CORPORAL KENNEDY ST 3C  
 City BAYSIDE State NY Zip Code 11361  
 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 11 / 13 / 2018  
**Transaction ID : SA11AI.40732**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. CANTRELL, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5655 W. OASIS RD.  
 City TUCSON State AZ Zip Code 85742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KINDER MORGAN GAS PIPELINES Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38457**  
 Amount of Each Receipt this Period 250.00  
 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: (check only one)	PAGE 17 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address P.O. BOX 2128

City GRANBURY	State TX	Zip Code 76048
------------------	-------------	-------------------

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

Name of Employer (for Individual) TEJAS WESTERN	Occupation (for Individual) PRESIDENT
--	--

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
11	/	01	/	2018

**Transaction ID : SA11AI.39996**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO BOX 11848

City CHARLESTON	State WV	Zip Code 25339
--------------------	-------------	-------------------

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 ▼  
27000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2018

**Transaction ID : SA11AI.40398**

Amount of Each Receipt this Period  
27000.00

Memo Item

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

Mailing Address 2630 N HAYDEN ISLAND DR  
SLIP 18

City PORTLAND	State OR	Zip Code 97217
------------------	-------------	-------------------

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

Name of Employer (for Individual) ELECTRONIC SECURITY CONSULTANTS, LLC	Occupation (for Individual) SECURITY CONSULTANT
---	--

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
11	/	09	/	2018

**Transaction ID : SA11AI.40501**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28250.00
<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 18 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. COLLINS, ANN MARIE, MARIE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 INGERSON ROAD  
 City SAINT PAUL State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JONES LANG LASALLE Occupation (for Individual) REALTY CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.39972**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CONTINENTAL RESOURCES, INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 268835  
 City OKLAHOMA CITY State OK Zip Code 73126  
 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 ▼ 550000.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39653**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. COSTIGLILO, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7300 N FINE ROAD  
 City LINDEN State CA Zip Code 95236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2018  
**Transaction ID : SA11AI.40818**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50150.00  
**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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. CRAMER, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2817 S LIPSCOMB  
 City AMARILLO State TX Zip Code 79109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUSTIN HOSE Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.40004**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CROWE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79405 HWY 111 STE 9-204  
 City LA QUINTA State CA Zip Code 92253  
 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 ▼ 385.00

Date of Receipt 11 / 13 / 2018  
**Transaction ID : SA11AI.40737**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. DAVINO, FRAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 BLUE MILL RD.  
 City MORRISTOWN State NJ Zip Code 07960  
 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 10 / 19 / 2018  
**Transaction ID : SA11AI.38862**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. DAVIS, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5675 CASCADE COURT  
 City COLUMBUS State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38838**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DEASON, DARWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5956 SHERRY LN STE 800  
 City DALLAS State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEASON CAPITAL SERVICES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI.39018**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

**C. DON MCGILL TOYOTA OF KATY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 KATY FREEWAY  
 City KATY State TX Zip Code 77450  
 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 ▼ 1000000.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38567**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000250.00
<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 21 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. DORAN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 753 FARNHAM LANE  
 City VIRGINIA BEACH State VA Zip Code 23455  
 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 ▼ 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : SA11AI.39276**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

**B. DORAN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 753 FARNHAM LANE  
 City VIRGINIA BEACH State VA Zip Code 23455  
 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  
 11 / 26 / 2018  
**Transaction ID : SA11AI.40934**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

**C. DUERST, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 3RD ST NW  
 City BEMIDJI State MN Zip Code 56601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CARPENTER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : SA11AI.39975**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27.00  
**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 22 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. ENTREPRENEURIAL PROPERTIES CORPORATION**

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

Mailing Address 4100 NEWPORT PLACE  
#400

City NEWPORT BEACH	State CA	Zip Code 92660
-----------------------	-------------	-------------------

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 ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2018

**Transaction ID : SA11AI.39063**

Amount of Each Receipt this Period  
100000.00

Memo Item

**B. ETEMADI, ALIREZA, , ,**

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

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
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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 ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2018

**Transaction ID : SA11AI.40341**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. EVANS, ANN, M, ,**

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

Mailing Address 2626 PATRICE LANE

City MAUMEE	State OH	Zip Code 43537
----------------	-------------	-------------------

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

**Transaction ID : SA11AI.40075**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100150.00
<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 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. FARRELL, ELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 KNICKERBOCKER RD W  
 City PLAINVIEW State NY Zip Code 11803  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2018  
**Transaction ID : SA11AI.38528**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. FARRELL, ELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 KNICKERBOCKER RD W  
 City PLAINVIEW State NY Zip Code 11803  
 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  
 10 / 25 / 2018  
**Transaction ID : SA11AI.39105**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. FARRELL, ELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 KNICKERBOCKER RD W  
 City PLAINVIEW State NY Zip Code 11803  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : SA11AI.39871**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 24 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. FENSKE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7404 TOWN CENTER BLVD  
 APT 414  
 City ROSENBERG State TX Zip Code 77471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FISERV Occupation (for Individual) SR PROGRAMMER ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39738**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. FRITZ, BRENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 HARRIER HAWK  
 City EDMOND State OK Zip Code 73003  
 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 ▼ 350.00

Date of Receipt 10 / 20 / 2018  
**Transaction ID : SA11AI.38943**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. FRITZ, BRENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 HARRIER HAWK  
 City EDMOND State OK Zip Code 73003  
 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 ▼ 385.00

Date of Receipt 11 / 20 / 2018  
**Transaction ID : SA11AI.40891**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**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 25 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. GANZERT, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 EDENTON RD  
 City CHARLOTTE State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SURVEYOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2018  
**Transaction ID : SA11AI.40894**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. GIFFIN, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3296 HOLLOW CORNERS RD  
 City DRYDEN State MI Zip Code 48428  
 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 11 / 11 / 2018  
**Transaction ID : SA11AI.40721**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. GOSNELL, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5506 PINE ROAD  
 City THOMASVILLE State PA Zip Code 17364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOSNELL PAVING Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39753**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 26 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. GRAHAM, HENDRIK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 MOANA AVE  
 City KIHEI State HI Zip Code 96753  
 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 ▼ 275.00

Date of Receipt **11 / 03 / 2018**  
**Transaction ID : SA11AI.40238**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. GREYTAKE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 831 WRIGHTS NECK RD  
 City CENTREVILLE State MD Zip Code 21617  
 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 ▼ 850.00

Date of Receipt **10 / 26 / 2018**  
**Transaction ID : SA11AI.39166**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. GROUT, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3074 US RTE 9  
 City VALATIE State NY Zip Code 12184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **10 / 31 / 2018**  
**Transaction ID : SA11AI.39840**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 27 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. HANLON, SHIELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 SKYLAND PLACE  
 City THE WOODLANDS State TX Zip Code 77381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 14 / 2018  
**Transaction ID : SA11AI.40751**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HAWKINS, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 SHADOW LAKE DRIVE  
 City BUCKHEAD State GA Zip Code 30625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE SILVER MOON Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 14 / 2018  
**Transaction ID : SA11AI.40756**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. HINSON, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3422 SW 15TH STREET  
 City DEERFIELD BEACH State FL Zip Code 33442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARAMCO Occupation (for Individual) ANALYST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38667**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<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 28 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. HINSON, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3422 SW 15TH STREET  
 City DEERFIELD BEACH State FL Zip Code 33442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARAMCO Occupation (for Individual) ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 18 / 2018  
**Transaction ID : SA11AI.40870**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. HODGE, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2180 IDLEWILD RD  
 City PALM BEACH GARDENS State FL Zip Code 33410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE WAYS BOATYARD Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 07 / 2018  
**Transaction ID : SA11AI.40465**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. HOLLOWAY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 MILL POND CT  
 City NORTHVILLE State MI Zip Code 48167  
 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 11 / 26 / 2018  
**Transaction ID : SA11AI.40940**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 29 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. HUCKABA, RAYMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 21  
 City AZALEA State OR Zip Code 97410  
 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 ▼ 1500.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38465**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. HUGHES, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1343 SOUTH HENDERSON AVE  
 City DALLAS State TX Zip Code 75223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSAL FOREST PRODUCTS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : SA11AI.39130**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. HUGHES, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1343 SOUTH HENDERSON AVE  
 City DALLAS State TX Zip Code 75223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSAL FOREST PRODUCTS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : SA11AI.39470**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 30 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 2558 ESCADA CT.

City NAPLES	State FL	Zip Code 34109
----------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2018

**Transaction ID : SA11AI.39280**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 7178 GREENSWARD ROAD

City NEW ALBANY	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer (for Individual) E-CYCLE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2018

**Transaction ID : SA11AI.38930**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address 992 S 4TH AVE 100-512  
100-512

City BRIGHTON	State CO	Zip Code 82001
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) NATURAL RESOURCES
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2018

**Transaction ID : SA11AI.40236**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50300.00
<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 31 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 2900 EGYPT VALLEY AVE NE

City ADA	State MI	Zip Code 49301
-------------	-------------	-------------------

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

Name of Employer (for Individual) LISA JAVERY	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2018

**Transaction ID : SA11AI.39501**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 125 PATTERSON STREET, UNIT #220  
UNIT #220

City SAN JOSE	State CA	Zip Code 95112
------------------	-------------	-------------------

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

Name of Employer (for Individual) XACTLY CORPORATION	Occupation (for Individual) SR SYSTEM ENGINEER
---	---

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
10		19		2018

**Transaction ID : SA11AI.38929**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 125 PATTERSON STREET, UNIT #220  
UNIT #220

City SAN JOSE	State CA	Zip Code 95112
------------------	-------------	-------------------

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

Name of Employer (for Individual) XACTLY CORPORATION	Occupation (for Individual) SR SYSTEM ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2018

**Transaction ID : SA11AI.40874**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 32 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. JOBE, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8185 E ALAMEDA RD  
 City SCOTTSDALE State AZ Zip Code 85255  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2018  
**Transaction ID : SA11AI.38978**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. JOBE, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8185 E ALAMEDA RD  
 City SCOTTSDALE State AZ Zip Code 85255  
 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2018  
**Transaction ID : SA11AI.40901**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. JOHNSTON, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 451 COUNTY ROAD 450 #450  
 City THRALL State TX Zip Code 76578  
 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  
 10 / 21 / 2018  
**Transaction ID : SA11AI.38982**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<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 33 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 451 COUNTY ROAD 450 #450

City THRALL	State TX	Zip Code 76578
----------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2018

**Transaction ID : SA11AI.40903**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1900 KANAWHA BLVD EAST

City CHARLESTON	State WV	Zip Code 25305
--------------------	-------------	-------------------

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

Name of Employer (for Individual) STATE OF WV	Occupation (for Individual) GOVERNOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
27500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2018

**Transaction ID : SA11AI.40396**

Amount of Each Receipt this Period  
27500.00

Memo Item

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

Mailing Address PO BOX 773152

City EAGLE RIVER	State AK	Zip Code 99577
---------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2018

**Transaction ID : SA11AI.40164**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27575.00
<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 34 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. KNIGHT, ROB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3451 SERENDIPITY HILLS TRAIL  
 City DENTON State TX Zip Code 76210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INDEPENDENT BUYER CO-OP Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : SA11AI.39125**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. KNOX, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2050 S 116TH CIRCLE  
 City WALTON State NE Zip Code 68461  
 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 ▼ 650.00

Date of Receipt 10 / 23 / 2018  
**Transaction ID : SA11AI.39026**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. KNOX, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2050 S 116TH CIRCLE  
 City WALTON State NE Zip Code 68461  
 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 ▼ 750.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI.39859**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**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 35 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. KRAMIEN, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 NE OLDS LANE  
 City NEWBERG State OR Zip Code 97132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEORGE MORLAN PLUMBING SUPPLY Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38666**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. LABAND, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 US HWY 287 STE. 400-171 STE. 400-171  
 City BROOMFIELD State CO Zip Code 80020  
 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 10 / 19 / 2018  
**Transaction ID : SA11AI.38893**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LACANNE, AL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 E KNOX RD  
 City TEMPE State AZ Zip Code 85284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTERSTATE Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 14 / 2018  
**Transaction ID : SA11AI.40755**  
 Amount of Each Receipt this Period 50.00  
 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: (check only one)	PAGE 36 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. LANE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3307 LUCKY DEBONAIR TR  
 City TALLAHASSEE State FL Zip Code 32309  
 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 10 / 30 / 2018  
**Transaction ID : SA11AI.39670**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. LANEY, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4111 MANORFIELD  
 City SEABROOK State TX Zip Code 77586  
 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 ▼ 1100.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.39977**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LANG, LEON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26417 N FERNBUSH DR  
 City PHOENIX State AZ Zip Code 85083  
 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 10 / 25 / 2018  
**Transaction ID : SA11AI.39094**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 37 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. LANG, LEON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26417 N FERNBUSH DR  
 City PHOENIX State AZ Zip Code 85083  
 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 ▼ 1250.00

Date of Receipt 11 / 25 / 2018  
**Transaction ID : SA11AI.40917**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. LEACH, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2485 RUE DU JARDIN  
 City NAPLES State FL Zip Code 34105  
 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 11 / 05 / 2018  
**Transaction ID : SA11AI.40362**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LEMA, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 RICHFIELD STREET  
 City PLAINVIEW State NY Zip Code 11803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CORZO CONTRACTING CO INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38549**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 38 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. LOCKTON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4747 S. FRANKLIN STREET  
 City CHERRY HILLS VILLAGE State CO Zip Code 80113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOCKTON CORPORATION Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38711**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**B. LOVE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3503 WESTELM CT.  
 City RICHMOND State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE GAR CO. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39836**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. LOVETT, CELESTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 LAKE VIEW DR W  
 City OCALA State FL Zip Code 34482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVETT LAWNS, INC. Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 12 / 2018  
**Transaction ID : SA11AI.40725**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50525.00
<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 39 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MACKLE, LORETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 JUNO DUNES WAY  
 City JUNO BEACH State FL Zip Code 33408  
 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 ▼ 350.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38808**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MACKLE, LORETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 JUNO DUNES WAY  
 City JUNO BEACH State FL Zip Code 33408  
 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 ▼ 385.00

Date of Receipt 11 / 19 / 2018  
**Transaction ID : SA11AI.40880**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MADEIRA, MANUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86-055 ANALIPO ST.  
 City WAIANAE State HI Zip Code 96792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38918**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<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 40 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MADEIRA, MANUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86-055 ANALIPO ST.  
 City WAIANAE State HI Zip Code 96792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2018  
**Transaction ID : SA11AI.40887**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. MAGINAS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3404 25TH STREET  
 City ROCK ISLAND State IL Zip Code 61201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BITCO INSURANCE COMPANIES Occupation (for Individual) LAWYER  
 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  
 10 / 24 / 2018  
**Transaction ID : SA11AI.39042**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. MAPLES, HAZEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 DUBOSE AVE  
 City SEMMES State AL Zip Code 36575  
 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  
 10 / 30 / 2018  
**Transaction ID : SA11AI.39678**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<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 41 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MARCUS, JOEL, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3153 ABINGTON DRIVE  
City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer (for Individual) ALEXANDRIA REAL ESTATE EQUITIES Occupation (for Individual) EXECUTIVE CHAIRMAN AND FOUNDED

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100000.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.40010**

Amount of Each Receipt this Period 100000.00

Memo Item

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

Mailing Address 588 TWOMBLEY RD  
City SANFORD State ME Zip Code 04073

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

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

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 215.00

Date of Receipt 11 / 10 / 2018  
**Transaction ID : SA11AI.40655**

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 270 ROSENWALL ROAD  
City HUNTSVILLE State TX Zip Code 77320

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

Name of Employer (for Individual) EPIC HEALTH SERVICES Occupation (for Individual) REGISTERED NURSE

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39672**

Amount of Each Receipt this Period 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 100070.00

**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 42 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MCCARL, FOSTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 LAUREL SPRING ROAD  
 City OKATIE State SC Zip Code 29909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MCCARL GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2018**  
**Transaction ID : SA11AI.38890**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MCKOWEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 456 MADISON STREET  
 City DENVER State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 15 / 2018**  
**Transaction ID : SA11AI.40767**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MEDVE, JAKOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 LEE PARKWAY #2203  
 City DALLAS State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 13 / 2018**  
**Transaction ID : SA11AI.40736**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 43 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MEDVED, DEBRA, KAREN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1334 SOUTH GRAPEVINE ROAD  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.39967**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. MEDVED, JOHN, FRANKLIN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1334 SOUTH GRAPEVINE ROAD  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDVED AUTOPLEY Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI.39851**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. MENDOZA, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12995 VIA REGALLO DR.  
 City RANCHO CUCAMONGA State CA Zip Code 91739  
 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 ▼ 225.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38610**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50025.00
<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 44 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MENDOZA, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12995 VIA REGALLO DR.  
 City RANCHO CUCAMONGA State CA Zip Code 91739  
 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 **11 / 18 / 2018**  
**Transaction ID : SA11AI.40858**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MERRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 CATTLE DRIVE  
 City CEDAR PARK State TX Zip Code 78613  
 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 **10 / 19 / 2018**  
**Transaction ID : SA11AI.38773**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. MERRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 CATTLE DRIVE  
 City CEDAR PARK State TX Zip Code 78613  
 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 ▼ 275.00

Date of Receipt **11 / 19 / 2018**  
**Transaction ID : SA11AI.40878**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 45 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MERRILL, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2816 SW 19TH CT  
 City Ocala State FL Zip Code 34471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUTO GROUP OF AMERICA Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39751**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MESSICK, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2753 SPRUCE CREEK BLVD  
 City PORT ORANGE State FL Zip Code 32128  
 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 10 / 26 / 2018  
**Transaction ID : SA11AI.39292**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MESSICK, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2753 SPRUCE CREEK BLVD  
 City PORT ORANGE State FL Zip Code 32128  
 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 11 / 26 / 2018  
**Transaction ID : SA11AI.40935**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 46 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. METZGER, NOLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 POST OAK BLVD. #802  
 #802  
 City HOUSTON State TX Zip Code 77056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OPPENHEIMER & CO. Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2018  
**Transaction ID : SA11AI.40924**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MILTON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1517 ANACOSTIA AVE  
 City MOUNT PLEASANT State SC Zip Code 29466  
 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 10 / 20 / 2018  
**Transaction ID : SA11AI.38956**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. MILTON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1517 ANACOSTIA AVE  
 City MOUNT PLEASANT State SC Zip Code 29466  
 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 ▼ 275.00

Date of Receipt 11 / 20 / 2018  
**Transaction ID : SA11AI.40893**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<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 47 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MITCHELL, AMY, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4321 SAINT JOHNS DR  
 City DALLAS State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIATA CORPORATE GROUP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2018  
**Transaction ID : SA11AI.39057**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item

**B. MITCHELL, NOAH, MALONE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4321 SAINT JOHNS DRIVE  
 City DALLAS State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIATA CORPORATE GROUP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2018  
**Transaction ID : SA11AI.41246**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item

**C. MONTANA, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11036 FERNBURY DRIVE  
 City FORT WORTH State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST AIRLINES Occupation (for Individual) AVIONICS TECH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2018  
**Transaction ID : SA11AI.40144**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25050.00
<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 48 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MONTE, MANON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 BRENTWOOD DR  
 City JONESBORO State AR Zip Code 72404  
 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 10 / 19 / 2018  
**Transaction ID : SA11AI.38733**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MORRELL, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7025 HILLBECK DR  
 City COLORADO SPRINGS State CO Zip Code 80922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRI-LAKES ROOFING & EXTERIOR Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39786**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MUCKLO, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1322  
 City NEWARK State CA Zip Code 94560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APPLE Occupation (for Individual) SOFTWARE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : SA11AI.40147**  
 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: (check only one)	PAGE 49 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. MUCKLO, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1322  
 City NEWARK State CA Zip Code 94560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APPLE Occupation (for Individual) SOFTWARE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 06 / 2018  
**Transaction ID : SA11AI.40387**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. MUKHERJEE, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 RIVIERA DR  
 City KISSIMMEE State FL Zip Code 34744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39769**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST.  
 City WOODLAND HILLS State CA Zip Code 91364  
 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 10 / 29 / 2018  
**Transaction ID : SA11AI.39616**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 50 OF 190
<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 21001 SAN RAMON VALLEY BLVD  
A4

City SAN RAMON	State CA	Zip Code 94583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) HOME IMPROVEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

**Transaction ID : SA11AI.38995**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 21001 SAN RAMON VALLEY BLVD  
A4

City SAN RAMON	State CA	Zip Code 94583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) HOME IMPROVEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2018

**Transaction ID : SA11AI.40906**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 16 GLEN ARBOR PARK

City ORMOND BEACH	State FL	Zip Code 32174
----------------------	-------------	-------------------

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
10	/	19	/	2018

**Transaction ID : SA11AI.38824**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 51 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. NEAL, MADALINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 GLEN ARBOR PARK  
 City ORMOND BEACH State FL Zip Code 32174  
 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 ▼ 275.00

Date of Receipt 11 / 19 / 2018  
**Transaction ID : SA11AI.40883**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. NEUBAUER, DEREK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 BRUMLOW AVE.  
 City SOUTHLAKE State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCE ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2018  
**Transaction ID : SA11AI.40303**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. NEWELL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 SUITE 100  
 732 S 11TH ST.  
 City NILES State MI Zip Code 49120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEONARDO DRS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI.38999**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<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 52 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. NEWELL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 SUITE 100  
 732 S 11TH ST.  
 City NILES State MI Zip Code 49120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEONARDO DRS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2018  
**Transaction ID : SA11AI.40909**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. NEWMAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 CHURCH ST  
 City NEW CANAAN State CT Zip Code 06840  
 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 ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 03 / 2018  
**Transaction ID : SA11AI.40943**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. OBERHEIDEN, NICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5728 LBJ FWY  
 STE 250  
 City DALLAS State TX Zip Code 75240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBERHEIDEN P.C. Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : SA11AI.39212**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100150.00
<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 53 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. OSTERTAG, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 VALLEY RANCH CIRCLE  
 City PRESCOTT State AZ Zip Code 86303  
 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 10 / 30 / 2018  
**Transaction ID : SA11AI.39695**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. OWENS, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2552 COUNTRY FALLS LANE  
 City RENO State NV Zip Code 89521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCE CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38845**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. PATRICK, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8540 E MCDOWELL RD UNIT 87  
 City MESA State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PC HEALTHCARE ENTERPRISES, INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38709**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<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 54 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. PATTERSON, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30262 KINGS VALLEY EAST  
 City CONIFER State CO Zip Code 80433  
 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 ▼ 220.00

Date of Receipt 11 / 09 / 2018  
**Transaction ID : SA11AI.40504**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI.39003**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. PICKARD, TINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 PICKARD RD  
 City FORT VALLEY State GA Zip Code 31030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PICKARD SALES CO Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 07 / 2018  
**Transaction ID : SA11AI.40469**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**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 55 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 102 TROMBAY DR

City WILMINGTON	State NC	Zip Code 28412
--------------------	-------------	-------------------

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2018

**Transaction ID : SA11AI.40467**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 200 GLENWOOD CIR

City MONTEREY	State CA	Zip Code 93940
------------------	-------------	-------------------

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 ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2018

**Transaction ID : SA11AI.39661**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 18434 COASTLINE DRIVE

City MALIBU	State CA	Zip Code 90265
----------------	-------------	-------------------

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 ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2018

**Transaction ID : SA11AI.39061**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50120.00
<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 56 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. REEBALS, CRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4638 OLD LOONEY MILL ROAD  
 City BIRMINGHAM State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAB HOSPITAL Occupation (for Individual) CRNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38859**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. REID, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1574 HWY 70 W  
 City DE QUEEN State AR Zip Code 71832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TRANSPORTATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : SA11AI.40120**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. RISTAGNO, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17340 SW RIDER LN  
 City BEAVERTON State OR Zip Code 97007  
 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 10 / 18 / 2018  
**Transaction ID : SA11AI.38611**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5125.00
<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 57 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. RISTAGNO, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17340 SW RIDER LN  
 City BEAVERTON State OR Zip Code 97007  
 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 ▼ 275.00

Date of Receipt **11 / 18 / 2018**  
**Transaction ID : SA11AI.40859**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. ROBINSON, SYNDEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6844 SILVERTIP CT  
 City MAINEVILLE State OH Zip Code 45039  
 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 **11 / 14 / 2018**  
**Transaction ID : SA11AI.40752**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. ROGERS, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 BLUEBONNET  
 City BISHOP State TX Zip Code 78343  
 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 **11 / 17 / 2018**  
**Transaction ID : SA11AI.40813**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 58 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. ROLL, KEVIN, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 KRISTY CT  
 City NEWPORT NEWS State VA Zip Code 23602  
 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 ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2018  
**Transaction ID : SA11AI.40823**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. ROSS, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 KINGFISHER AVE  
 City SHERIDAN State WY Zip Code 82801  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2018  
**Transaction ID : SA11AI.40354**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. ROSS, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 KINGFISHER AVE  
 City SHERIDAN State WY Zip Code 82801  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : SA11AI.40433**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 59 OF 190
<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)  
**AMERICA FIRST ACTION, INC.**

**A. SABATES, FELIX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 729

City PINEVILLE	State NC	Zip Code 28134
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MERCEDES BENZ SOUTH CHARLOTTE	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : SA11AI.39863**

Amount of Each Receipt this Period  
 10000.00

Memo Item

**B. SAIA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8924 CRIMSON RIDGE WAY

City ROSEVILLE	State CA	Zip Code 95747
-------------------	-------------	-------------------

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  
 11 / 05 / 2018  
**Transaction ID : SA11AI.40339**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. SAULSBURY, CHARLES, R, , SR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6400 N MONTATA AVE.

City ODESSA	State TX	Zip Code 79762
----------------	-------------	-------------------

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

Name of Employer (for Individual) SAULSBURY INDUSTRIES	Occupation (for Individual) FOUNDER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2018  
**Transaction ID : SA11AI.39607**

Amount of Each Receipt this Period  
 500000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510100.00
<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 60 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. SCHLATHER, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2086 ALTWEIN LM  
 City NEW BRAUNFELS State TX Zip Code 78130  
 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 11 / 18 / 2018  
**Transaction ID : SA11AI.40864**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SENNE, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7908 KANDY LANE  
 City NORTH RICHLAND HILLS State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS HEALTH RESOURCES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2018  
**Transaction ID : SA11AI.40477**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. SHAFER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 722 LAKEWOOD LN  
 City GRAPEVINE State TX Zip Code 76051  
 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 ▼ 315.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : SA11AI.39493**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 61 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. SHANR, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 NORTH LAKE SHORE DRIVE #25A  
 City CHICAGO State IL Zip Code 60610  
 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 11 / 05 / 2018  
**Transaction ID : SA11AI.40348**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. SMARICK, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 481 OAKCREST DR  
 City NORTH HUNTINGDON State PA Zip Code 15642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMPASSION FIRST Occupation (for Individual) VETERINARIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI.39005**  
 Amount of Each Receipt this Period 4999.00  
 Memo Item

**C. STOCKER, RONALD, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 URQUHART RD  
 City CHEHALIS State WA Zip Code 98532  
 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 ▼ 325.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : SA11AI.39341**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5299.00
<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 62 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. STOCKER, RONALD, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 URQUHART RD  
 City CHEHALIS State WA Zip Code 98532  
 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 ▼ 350.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI.39846**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. STOTHARD, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 COLQUITT ST  
 City LAGRANGE State GA Zip Code 30241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STOTHARD ENGINEERING, INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI.39713**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SUMMERS, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 210TH ST  
 City FAIRVIEW State KS Zip Code 66425  
 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 10 / 19 / 2018  
**Transaction ID : SA11AI.38840**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<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 63 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

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

Mailing Address 3047 W PEMBROOK LOOP

City FRESNO	State CA	Zip Code 93711
----------------	-------------	-------------------

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
10	/	25	/	2018

**Transaction ID : SA11AI.39121**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3047 W PEMBROOK LOOP

City FRESNO	State CA	Zip Code 93711
----------------	-------------	-------------------

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
11	/	03	/	2018

**Transaction ID : SA11AI.40232**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 3047 W PEMBROOK LOOP

City FRESNO	State CA	Zip Code 93711
----------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2018

**Transaction ID : SA11AI.40916**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 64 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. SWENSON, JANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34385 N. IRONWOOD RD.  
 City SCOTTSDALE State AZ Zip Code 85266  
 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 11 / 05 / 2018  
**Transaction ID : SA11AI.40330**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. SZUSTER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 STATION ROAD  
 City GREAT NECK State NY Zip Code 11023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVID SZUSTER PSYCHIATRY PC Occupation (for Individual) MEDICAL DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : SA11AI.40219**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. TAYLOR, DONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 E. GIBSIN AVE.  
 City REEDLEY State CA Zip Code 93654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D.C. TAYLOR & ASSOCIATES Occupation (for Individual) PROJECT INSPECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : SA11AI.38455**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**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 65 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. TEMPLETON, JOSEPHINE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 PEMBROKE ROAD  
 City BRYN MAWR State PA Zip Code 19010  
 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 ▼ 25000.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : SA11AI.39059**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. TRACEY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15504 STORM DR.  
 City AUSTIN State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREAT STUFF INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : SA11AI.39129**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. TRACEY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15504 STORM DR.  
 City AUSTIN State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREAT STUFF INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : SA11AI.39462**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27000.00
<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 66 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. TURKMANI, CHANG OH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2415 FOXHALL ROAD  
 City WASHINGTON State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MEGA COMPANY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 09 / 2018  
**Transaction ID : SA11AI.40486**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item

**B. TURKMANI, SALAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2415 FOXHALL RD NW  
 City WASHINGTON State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MEGA COMPANY Occupation (for Individual) GENERAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 09 / 2018  
**Transaction ID : SA11AI.41245**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item

**C. URBAN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4422 AUGUSTA RIDGE CT  
 City DENVER State NC Zip Code 28037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NASCENT TECHNOLOGY Occupation (for Individual) CTO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38722**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25100.00
<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 67 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. VAN NESS, JAMES, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2497 NORTHVIEW ST  
 City BOZEMAN State MT Zip Code 59715  
 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 10 / 25 / 2018  
**Transaction ID : SA11AI.39083**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. VLAHOS, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 NAUTICAL COURT  
 City DESTIN State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : SA11AI.39365**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. VULTAGGIO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 BRIGA LANE  
 City WHITE PLAINS State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORD OF QUEENS Occupation (for Individual) GENERAL MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : SA11AI.38763**  
 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: (check only one)	PAGE 68 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. WALSH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 RIVERS EDGE DRIVE  
 APT 210  
 City TARRYTOWN State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMPSON HINE LLP Occupation (for Individual) ATTORNEY  
 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  
 10 / 20 / 2018  
**Transaction ID : SA11AI.38960**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. WARRIX, LORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 FRANKLIN PIKE  
 City NASHVILLE State TN Zip Code 37204  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2018  
**Transaction ID : SA11AI.39566**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. WATTS, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3403 VELASCO CT.  
 City MISSOURI CITY State TX Zip Code 77459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUE VINES, INC. Occupation (for Individual) CEO  
 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  
 10 / 29 / 2018  
**Transaction ID : SA11AI.39615**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 69 OF 190
	<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)  
**AMERICA FIRST ACTION, INC.**

**A. WHITTEN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 E. WASHINGTON ST.  
 #127  
 City SEQUIM State WA Zip Code 98382  
 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 ▼ 350.00

Date of Receipt **11 / 06 / 2018**  
**Transaction ID : SA11AI.40416**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. WILSON, JAMES, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660 EASTCHASE LN  
 STE 100  
 City MONTGOMERY State AL Zip Code 36117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JIM WILSON + ASSOCIATES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **10 / 19 / 2018**  
**Transaction ID : SA11AI.38713**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. 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 CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **10 / 31 / 2018**  
**Transaction ID : SA11AI.39904**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25350.00
<b>TOTAL</b> This Period (last page this line number only).....	4405252.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 190
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. RED EAGLE MEDIA GROUP**

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

Mailing Address 815 SLATERS LANE

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430144.54

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2018

**Transaction ID : SA15.39965**

Amount of Each Receipt this Period  
430144.54

Memo Item  
VENDOR REFUND - OVERPAYMENT

**B. REDPRINT STRATEGY**

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

Mailing Address 1050 JOHNNIE DODDS BLVD  
UNIT 2414

City MOUNT PLEASANT	State SC	Zip Code 29465
------------------------	-------------	-------------------

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 ▼  
13250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		06		2018

**Transaction ID : SA15.39964**

Amount of Each Receipt this Period  
13250.00

Memo Item  
VENDOR REFUND - OVERPAYMENT

**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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	443394.54
<b>TOTAL</b> This Period (last page this line number only).....	443394.54

**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 71 OF 190
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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)  
**AMERICA FIRST ACTION, INC.**

**A. CHAIN BRIDGE BANK**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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 ▼  
12644.95

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2018

**Transaction ID : SA17.39907**

Amount of Each Receipt this Period  
4746.78

Memo Item  
**INTEREST**

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4746.78
<b>TOTAL</b> This Period (last page this line number only).....▶	4746.78

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39914**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39915**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39916**  
Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. 1ST BANKCARD</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address COMMERCIAL CARD PAYMENT PROCESSING P.O. BOX 2818		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39917</b> Amount of Each Disbursement this Period 6877.52
City OMAHA	State NE	Zip Code 68103-2818
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED		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. 1ST BANKCARD</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address COMMERCIAL CARD PAYMENT PROCESSING P.O. BOX 2818		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39918</b> Amount of Each Disbursement this Period 2604.80
City OMAHA	State NE	Zip Code 68103-2818
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED		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. 1ST BANKCARD</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address COMMERCIAL CARD PAYMENT PROCESSING P.O. BOX 2818		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39919</b> Amount of Each Disbursement this Period 7025.80
City OMAHA	State NE	Zip Code 68103-2818
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED		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).....▶	16508.12
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39920**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39921**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39922**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 02 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.40955**  
Amount of Each Disbursement this Period  
 10916.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 13 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.40956**  
Amount of Each Disbursement this Period  
 4714.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.40957**  
Amount of Each Disbursement this Period  
 618.00

Memo Item

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

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

16249.08

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.40958**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AARON C. WHITEHEAD**

Mailing Address **2090 HAWTHORNE LOOP**

City **DRIFTWOOD** State **TX** Zip Code **78619**

Purpose of Disbursement  
**STRATEGY CONSULTING**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39923**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ALASKA AIRLINES**

Mailing Address **19300 INTERNATIONAL BLVD**

City **SEATTLE** State **WA** Zip Code **98188**

Purpose of Disbursement  
**1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR**

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.41035**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. ALASKA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 19300 INTERNATIONAL BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41013</b> Amount of Each Disbursement this Period [REDACTED] 494.20
City SEATTLE	State WA	Zip Code 98188
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ALASKA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 19300 INTERNATIONAL BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41014</b> Amount of Each Disbursement this Period [REDACTED] 109.00
City SEATTLE	State WA	Zip Code 98188
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41032</b> Amount of Each Disbursement this Period [REDACTED] 36.03
City NORTH SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41047</b>
City NORTH SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES		Amount of Each Disbursement this Period 8.47
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41049</b>
City NORTH SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: CONTRIBUTOR COLLATERAL		Amount of Each Disbursement this Period 289.98
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41051</b>
City NORTH SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: STAGING SUPPLIES		Amount of Each Disbursement this Period 177.72
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

0.00
[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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE

City NORTH SEATTLE State WA Zip Code 98109

Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: EVENT EXPENSE: STAGING SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41146

Amount of Each Disbursement this Period

[REDACTED] 42.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICA FIRST POLICIES, INC.**

Mailing Address 1400 CRYSTAL DRIVE SUITE 850

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement IN-KIND: PAYROLL / OFFICE EXPENSES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41243

Amount of Each Disbursement this Period

[REDACTED] 87736.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41151

Amount of Each Disbursement this Period

[REDACTED] 487.20

Memo Item

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

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

[REDACTED] 87736.00

[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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41150</b> Amount of Each Disbursement this Period [ ] 464.30
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41149</b> Amount of Each Disbursement this Period [ ] 465.80
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41148</b> Amount of Each Disbursement this Period [ ] 477.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[ ] 0.00

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

[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41147</b> Amount of Each Disbursement this Period [REDACTED] 677.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41002</b> Amount of Each Disbursement this Period [REDACTED] 473.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41006</b> Amount of Each Disbursement this Period [REDACTED] 204.00
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

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

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

[REDACTED] 0.00
[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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41210</b> Amount of Each Disbursement this Period [REDACTED] 431.81
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41209</b> Amount of Each Disbursement this Period [REDACTED] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41008</b> Amount of Each Disbursement this Period [REDACTED] 477.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41009</b> Amount of Each Disbursement this Period [ ] 40.21
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41034</b> Amount of Each Disbursement this Period [ ] 477.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41035</b> Amount of Each Disbursement this Period [ ] 43.86
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41015</b> Amount of Each Disbursement this Period [ ] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41016</b> Amount of Each Disbursement this Period [ ] 248.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41017</b> Amount of Each Disbursement this Period [ ] 38.35
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41018</b> Amount of Each Disbursement this Period [ ] 46.64
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41072</b> Amount of Each Disbursement this Period [ ] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41072</b> Amount of Each Disbursement this Period [ ] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41074</b> Amount of Each Disbursement this Period [ ] 38.35
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39916]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41037</b> Amount of Each Disbursement this Period [ ] 8.99
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2018
Mailing Address 60 MASSACHUSETTS AVE NE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41152</b> Amount of Each Disbursement this Period [ ] 168.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: RAIL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: RAIL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41070  
Amount of Each Disbursement this Period  
188.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39916]: TRAVEL: RAIL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41071  
Amount of Each Disbursement this Period  
376.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.40957]: TRAVEL: RAIL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41124  
Amount of Each Disbursement this Period  
618.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)  
**A. BRINDLEY BROTHERS LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

Mailing Address 4411 E US HIGHWAY 24

City  
ASTORIA

State  
IL

Zip Code  
61501

FEC Identification Number

**C**

**Transaction ID : SB21B.41057**

Amount of Each Disbursement this Period

1280.00

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING SERVICES

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BRINDLEY BROTHERS LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

Mailing Address 4411 E US HIGHWAY 24

City  
ASTORIA

State  
IL

Zip Code  
61501

FEC Identification Number

**C**

**Transaction ID : SB21B.41058**

Amount of Each Disbursement this Period

6440.00

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING SERVICES

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BRINDLEY BROTHERS LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

Mailing Address 4411 E US HIGHWAY 24

City  
ASTORIA

State  
IL

Zip Code  
61501

FEC Identification Number

**C**

**Transaction ID : SB21B.41067**

Amount of Each Disbursement this Period

2360.38

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: CATERING SERVICES

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 11 / 01 / 2018	
Mailing Address 138 CONANT ST 2ND FLOOR			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : <b>SB21B.40963</b>	
Purpose of Disbursement COMPLIANCE CONSULTING			Amount of Each Disbursement this Period 3000.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CAPITAL RESEARCH GROUP, LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 08 / 2018	
Mailing Address 1101 K STREET, NW SUITE 800			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SB21B.40964</b>	
Purpose of Disbursement RESEARCH CONSULTING			Amount of Each Disbursement this Period 7500.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITOL CREW STAFFING</b>			Date of Disbursement MM / DD / YYYY 10 / 22 / 2018	
Mailing Address 12 JACKSON AVE			FEC Identification Number C	
City ROUND HILL	State VA	Zip Code 20141	Transaction ID : <b>SB21B.39927</b>	
Purpose of Disbursement EVENT EXPENSE: STAFFING SERVICES			Amount of Each Disbursement this Period 910.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11410.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CAREY INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 7445 NEW TECHNOLOGY WAY		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41011</b> Amount of Each Disbursement this Period [ ] 165.77
City FREDERICK	State MD	Zip Code 21703
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.40965</b> Amount of Each Disbursement this Period [ ] 693.49
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CMT GROUP</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 43-32 21ST STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41092</b> Amount of Each Disbursement this Period [ ] 71.15
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39920]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 693.49
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CMT GROUP</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 43-32 21ST STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41211</b> Amount of Each Disbursement this Period [ ] 83.55
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. COLONIAL PARKING</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2018
Mailing Address 1050 THOMAS JEFFERSON ST NW SUITE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41212</b> Amount of Each Disbursement this Period [ ] 22.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: PARKING		Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. COLONIAL PARKING</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 1050 THOMAS JEFFERSON ST NW SUITE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41028</b> Amount of Each Disbursement this Period [ ] 25.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: MEETING EXPENSE: PARKING		Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

[ ] 0.00
[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. COLONIAL PARKING</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 1050 THOMAS JEFFERSON ST NW SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41059</b> Amount of Each Disbursement this Period [REDACTED] 35.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: MEETING EXPENSE: PARKING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COSTCO WHOLESALE</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 1200 S FERN ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41054</b> Amount of Each Disbursement this Period [REDACTED] 118.15
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: SUPPLIES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CRESCENT HOTEL</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 400 CRESCENT COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41082</b> Amount of Each Disbursement this Period [REDACTED] 957.82
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39919]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41153</b> Amount of Each Disbursement this Period [ ] 1113.60
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41123</b> Amount of Each Disbursement this Period [ ] 497.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:TRAVEL: AIR		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DESERT CAB</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 4675 WYNN RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4115t</b> Amount of Each Disbursement this Period [ ] 40.56
City LAS VEGAS	State NV	Zip Code 89103
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. DESERT CAB**

Mailing Address 4675 WYNN RD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 29 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41155  
Amount of Each Disbursement this Period  
41.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. DISTRICT WHARF GARAGE**

Mailing Address 735 WATER STREET SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: MEETING EXPENSE : PARKING  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41158  
Amount of Each Disbursement this Period  
35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOORDASH**

Mailing Address 116 NEW MONTGOMERY ST 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39919]: MEETING EXPENSE: MEALS  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
10 / 22 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41088  
Amount of Each Disbursement this Period  
67.98

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. DOUG COULTER PHOTOGRAPHY**

Mailing Address 1415 HORSESHOE CREEK LANE

City CUMMING State GA Zip Code 30041

Purpose of Disbursement  
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.39931  
Amount of Each Disbursement this Period  
2560.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. DULLES AIRPORT TAXI**

Mailing Address 23035 DOUGLAS CT #218

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41160  
Amount of Each Disbursement this Period  
120.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. EDGE FLORAL EVENT DESIGNERS**

Mailing Address 8517 MUSCATELLO CT

City GAITHERSBURG State MD Zip Code 20877

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: EVENT STAGING EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41043  
Amount of Each Disbursement this Period  
1150.00

Memo Item

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

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

2560.75

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. EVENT STRATEGIES, INC</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2018	
Mailing Address 4416 WHEELER AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.39932</b> Amount of Each Disbursement this Period 39800.00	
City ALEXANDRIA	State VA	Zip Code 22304	Category/ Type
Purpose of Disbursement EVENT EXPENSE: EVENT STAGING SERVICES			
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. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018	
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41031</b> Amount of Each Disbursement this Period 23.06	
City MEMPHIS	State TN	Zip Code 38109	Category/ Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES			
Candidate Name		Memo Item <input checked="" 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. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018	
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41033</b> Amount of Each Disbursement this Period 20.70	
City MEMPHIS	State TN	Zip Code 38109	Category/ Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES			
Candidate Name		Memo Item <input checked="" 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).....▶	39800.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41044</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 23.89
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41052</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 99.78
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41056</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 47.80
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41095</b> Amount of Each Disbursement this Period [ ] 470.44
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39920]:DELIVERY SERVICES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41106</b> Amount of Each Disbursement this Period [ ] 23.22
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39922]:DELIVERY SERVICES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41113</b> Amount of Each Disbursement this Period [ ] 93.37
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40955]:DELIVERY SERVICES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41114</b> Amount of Each Disbursement this Period [REDACTED] 25.41
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40955]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41115</b> Amount of Each Disbursement this Period [REDACTED] 93.64
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41117</b> Amount of Each Disbursement this Period [REDACTED] 100.61
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41119</b> Amount of Each Disbursement this Period [REDACTED] 46.22
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41120</b> Amount of Each Disbursement this Period [REDACTED] 133.95
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41121</b> Amount of Each Disbursement this Period [REDACTED] 41.84
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]:DELIVERY SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41125</b> Amount of Each Disbursement this Period [ ] 209.72
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40958]:DELIVERY SERVICES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41128</b> Amount of Each Disbursement this Period [ ] 33.85
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40958]:DELIVERY SERVICES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FORMSTACK LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 8604 ALLISONVILLE RD STE. 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41046</b> Amount of Each Disbursement this Period [ ] 19.00
City INDIANAPOLIS	State IN	Zip Code 46250
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: OFFICE SUPPLIES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. FORMSTACK LLC**

Mailing Address 8604 ALLISONVILLE RD  
STE. 300

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40958]:SOFTWARE SUBSCRIPTION

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41129  
Amount of Each Disbursement this Period  
19.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR CORNERS FUNDRAISING LLC**

Mailing Address ONE OLD COUNTRY RD.  
STE. 240

City CARLE PLACE State NY Zip Code 11514

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.39933  
Amount of Each Disbursement this Period  
7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR CORNERS FUNDRAISING LLC**

Mailing Address ONE OLD COUNTRY RD.  
STE. 240

City CARLE PLACE State NY Zip Code 11514

Purpose of Disbursement FUNDRAISING COMMISSION

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.39934  
Amount of Each Disbursement this Period  
35000.00

Memo Item

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

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

42500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FOUR CORNERS FUNDRAISING LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address ONE OLD COUNTRY RD. STE. 240		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39935</b> Amount of Each Disbursement this Period [ ] 197808.24
City CARLE PLACE	State NY	Zip Code 11514
Purpose of Disbursement FUNDRAISING COMMISSION		Category/ Type [ ]
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. FOUR SEASONS HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 200 BOYLSTON ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41162</b> Amount of Each Disbursement this Period [ ] 1265.76
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING		Category/ Type [ ]
Candidate Name		Memo Item <input checked="" 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. FOUR SEASONS HOTEL</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2018
Mailing Address 200 BOYLSTON ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41163</b> Amount of Each Disbursement this Period [ ] 827.39
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: FUNDRAISING MEETING EXPENSE		Category/ Type [ ]
Candidate Name		Memo Item <input checked="" 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).....▶	[ ] 197808.24
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS HOTEL DENVER**

Mailing Address 1111 14TH STREET

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39917]: EVENT EXPENSE: FACILITIES  
RENTAL AND CATERING  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41076  
Amount of Each Disbursement this Period  
7250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS HOTEL DENVER**

Mailing Address 1111 14TH STREET

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39922]: EVENT EXPENSE: FACILITIES  
RENTAL AND CATERING  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41107  
Amount of Each Disbursement this Period  
11302.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS HOTEL DENVER**

Mailing Address 1111 14TH STREET

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
REIMBURSEMENT [SB21B.39962]: TRAVEL: LODGING  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41164  
Amount of Each Disbursement this Period  
811.68

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FOUR SEASONS HOTEL DENVER</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 1111 14TH STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41213</b> Amount of Each Disbursement this Period [REDACTED] 811.68
City DENVER	State CO	Zip Code 80202
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FUNDRAISING SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 1505 ELM STREET SUITE #405		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.40968</b> Amount of Each Disbursement this Period [REDACTED] 35026.65
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement FUNDRAISING COMMISSION		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. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41165</b> Amount of Each Disbursement this Period [REDACTED] 25.00
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: AIRLINE FEES		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 35026.65
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41166</b>
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: AIRLINE FEES		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. HICKS, THOMAS, , , JR.</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 2200 ROSS AVE, SUITE 5000 SUITE 5000		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.39962</b>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Amount of Each Disbursement this Period [REDACTED] 971.78
Candidate Name		Category/Type [REDACTED]
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. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 7930 JONES BRANCH DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41166</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING		Amount of Each Disbursement this Period [REDACTED] 171.36
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<input checked="" type="checkbox"/> Memo Item		

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

[REDACTED] 971.78

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTEL**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39922]: TRAVEL: LODGING

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
10			25			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41105

Amount of Each Disbursement this Period

[REDACTED] 365.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOT AND HOT FISH CLUB**

Mailing Address 2180 11TH CT S

City  
BIRMINGHAM

State  
AL

Zip Code  
35205

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.40955]: TRAVEL: MEALS

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
10			29			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41110

Amount of Each Disbursement this Period

[REDACTED] 371.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOUSE OF FLOWERS**

Mailing Address 710 14TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
REIMBURSEMENT [SB21B.39925]: EVENT STAGING EXPENSE

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
08			28			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41165

Amount of Each Disbursement this Period

[REDACTED] 81.80

Memo Item

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

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

[REDACTED] 0.00

[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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. HOUSTON AIRPORT MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 18700 JOHN F. KENNEDY BOULEVARD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41099</b> Amount of Each Disbursement this Period [REDACTED] 291.33
City HOUSTON	State TX	Zip Code 77032
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HOUSTON AIRPORT MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 18700 JOHN F. KENNEDY BOULEVARD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41100</b> Amount of Each Disbursement this Period [REDACTED] 291.33
City HOUSTON	State TX	Zip Code 77032
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HOUSTON AIRPORT MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 18700 JOHN F. KENNEDY BOULEVARD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41101</b> Amount of Each Disbursement this Period [REDACTED] 291.33
City HOUSTON	State TX	Zip Code 77032
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39921]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS**

Mailing Address 150 NORTH RIVERSIDE PLAZA, 8TH FLO

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.40956]:TRAVEL: LODGING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.41118**  
 Amount of Each Disbursement this Period  
 245.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. JONES DAY**

Mailing Address PO BOX 7805  
BEN FRANKLIN STATION

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.40970**  
 Amount of Each Disbursement this Period  
 49925.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LAUREL VALLEY, LLC**

Mailing Address 2203 12TH CT N  
#38

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39937**  
 Amount of Each Disbursement this Period  
 7500.00

Memo Item

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

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

57425.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING**

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: MEETING EXPENSE: PARKING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.41012**  
 Amount of Each Disbursement this Period  
 35.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: MEETING EXPENSE: PARKING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.41063**  
 Amount of Each Disbursement this Period  
 26.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND TRANSPORTATION  
 Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.41171**  
 Amount of Each Disbursement this Period  
 12.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41172  
Amount of Each Disbursement this Period  
36.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39928]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41173  
Amount of Each Disbursement this Period  
34.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41174  
Amount of Each Disbursement this Period  
13.77

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41175  
Amount of Each Disbursement this Period  
39.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41176  
Amount of Each Disbursement this Period  
46.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41177  
Amount of Each Disbursement this Period  
12.87

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41178  
Amount of Each Disbursement this Period  
29.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARRIOTT MARQUIS HOUSTON**

Mailing Address 1777 WALKER ST

City HOUSTON State TX Zip Code 77010

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39921]: EVENT EXPENSE: FACILITY RENTAL AND CATERING SERVICES  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41104  
Amount of Each Disbursement this Period  
1230.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. MASON, CARA, , ,**

Mailing Address 611 PENNSYLVANIA AVE SE #385

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.3992t  
Amount of Each Disbursement this Period  
2150.50

Memo Item

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

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

2150.50

**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)  
**AMERICA FIRST ACTION, INC.**

**A. MASON STRATEGIES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE  
SE # 385

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39938

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. MO STRATEGIES INC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4

City WESTFIELD State IN Zip Code 46074

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39939

Amount of Each Disbursement this Period: 10000.00

Memo Item

**C. NATIONS PHOTO LAB**

Full Name (Last, First, Middle Initial)

Mailing Address 11103 PEPPER RD

City COCKEYSVILLE State MD Zip Code 21030

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39917]: EVENT EXPENSE: PHOTO PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.41078

Amount of Each Disbursement this Period: 38.40

Memo Item

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

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

20000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. PAPPAS BROS. STEAKHOUSE</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 1200 MCKINNEY ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41215</b> Amount of Each Disbursement this Period [REDACTED] 32.15
City HOUSTON	State TX	Zip Code 77010
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PAPPAS BROS. STEAKHOUSE</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 1200 MCKINNEY ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41216</b> Amount of Each Disbursement this Period [REDACTED] 132.42
City HOUSTON	State TX	Zip Code 77010
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PIERCE, ANN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.39924</b> Amount of Each Disbursement this Period [REDACTED] 126.00
City ARLINGTON	State VA	Zip Code 22020
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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] 126.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. PIERCE, ANN, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2018
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.40961</b> Amount of Each Disbursement this Period 69.74
City ARLINGTON	State VA	Zip Code 22020
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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. PRH CONSULTING GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address 4597 NEISWANDER SQUARE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.40974</b> Amount of Each Disbursement this Period 7000.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Disbursement FUNDRAISING COMMISSION		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. RANGER ZUKE LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 11400 W. CALUMET RD.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.3994t</b> Amount of Each Disbursement this Period 7500.00
City MILWAUKEE	State WI	Zip Code 53224
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14569.74
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. RED MAVERICK MEDIA LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 403 N. SECOND STREET FL2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39941</b> Amount of Each Disbursement this Period 7337.00
City HARRISBURG	State PA	Zip Code 17101
Purpose of Disbursement CONTRIBUTOR COLLATERAL		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. RED STATE DATA AND DIGITAL</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #454		FEC Identification Number C [ ] <b>Transaction ID : SB21B.40975</b> Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RIGWIL LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 2308 MT. VERNON AVE SUITE 415		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39943</b> Amount of Each Disbursement this Period 7500.00
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24837.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. RONALD REAGAN WASHINGTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2018
Mailing Address 2401 SMITH BOULEVARD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41218</b> Amount of Each Disbursement this Period 75.00
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41010</b> Amount of Each Disbursement this Period 624.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SQUARE INC</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1455 MARKET ST SUITE 600		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41175</b> Amount of Each Disbursement this Period 19.08
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. SQUARE INC**

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2018

Mailing Address 1455 MARKET ST  
SUITE 600

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND  
TRANSPORTATION  
Candidate Name

Category/  
Type

FEC Identification Number

C  
Transaction ID : SB21B.41036  
Amount of Each Disbursement this Period  
39.00

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. SQUARE INC**

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2018

Mailing Address 1455 MARKET ST  
SUITE 600

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND  
TRANSPORTATION  
Candidate Name

Category/  
Type

FEC Identification Number

C  
Transaction ID : SB21B.41038  
Amount of Each Disbursement this Period  
26.92

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. SQUARE INC**

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

Mailing Address 1455 MARKET ST  
SUITE 600

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: GROUND  
TRANSPORTATION  
Candidate Name

Category/  
Type

FEC Identification Number

C  
Transaction ID : SB21B.41026  
Amount of Each Disbursement this Period  
10.01

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

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. SQUARE INC**

Mailing Address 1455 MARKET ST  
SUITE 600

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: GROUND  
TRANSPORTATION  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2018

FEC Identification Number

C

Transaction ID : SB21B.41027

Amount of Each Disbursement this Period

16.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. SQUARE INC**

Mailing Address 1455 MARKET ST  
SUITE 600

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39920]: TRAVEL: GROUND  
TRANSPORTATION  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21B.41097

Amount of Each Disbursement this Period

27.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. ST. JAMES STRATEGIES**

Mailing Address 45 NORTH HILL DRIVE  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement STRATEGY CONSULTING  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21B.40977

Amount of Each Disbursement this Period

7500.00

Memo Item

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. STEVE MUNDINGER PHOTOGRAPHY</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 475 BRUSH CREEK RD.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39947</b> Amount of Each Disbursement this Period [ ] 1500.00
City ASPEN	State CO	Zip Code 81611
Purpose of Disbursement PHOTOGRAPHY SERVICES		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. STRIPE</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2018
Mailing Address 3180 18TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39948</b> Amount of Each Disbursement this Period [ ] 349.36
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement MERCHANT FEE		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. STRIPE</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 3180 18TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39948</b> Amount of Each Disbursement this Period [ ] 183.31
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement MERCHANT FEE		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).....▶	[ ] 2032.67
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39950**  
Amount of Each Disbursement this Period  
329.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 23 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39951**  
Amount of Each Disbursement this Period  
688.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 24 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39952**  
Amount of Each Disbursement this Period  
352.91

Memo Item

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

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

1371.39

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 25 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39953**  
Amount of Each Disbursement this Period  
21.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 26 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39954**  
Amount of Each Disbursement this Period  
21.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.39955**  
Amount of Each Disbursement this Period  
197.22

Memo Item

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

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

240.27

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39956**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.39957**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.40978**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40979  
Amount of Each Disbursement this Period  
492.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40980  
Amount of Each Disbursement this Period  
66.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40981  
Amount of Each Disbursement this Period  
73.43

Memo Item

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

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

632.82

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40982  
Amount of Each Disbursement this Period  
351.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40983  
Amount of Each Disbursement this Period  
91.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40984  
Amount of Each Disbursement this Period  
10.44

Memo Item

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

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

452.97

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40985  
Amount of Each Disbursement this Period  
21.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40986  
Amount of Each Disbursement this Period  
104.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 15 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40987  
Amount of Each Disbursement this Period  
96.76

Memo Item

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

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

222.58

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.40988

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.40989

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.4099c

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40991  
Amount of Each Disbursement this Period  
106.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40992  
Amount of Each Disbursement this Period  
8.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.40993  
Amount of Each Disbursement this Period  
25.41

Memo Item

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

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

140.72

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. SUNNY'S EXECUTIVE SEDAN SERVICE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address 5252 CHEROKEE AVE

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.41061**  
 Amount of Each Disbursement this Period  
 [ ] 136.08

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: GROUND TRANSPORTATION  
 Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. TGI FRIDAYS**

Date of Disbursement

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

Mailing Address 4201 MARSH LN.

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.41041**  
 Amount of Each Disbursement this Period  
 [ ] 33.16

City CARROLTON State TX Zip Code 75007

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39915]: TRAVEL: MEALS  
 Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE KOZLOW GROUP INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2018

Mailing Address 14624 GLADE HILL PARK WAY

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.40995**  
 Amount of Each Disbursement this Period  
 [ ] 5000.00

City WINTER GARDEN State FL Zip Code 34787

Purpose of Disbursement  
STRATEGY CONSULTING  
 Candidate Name

Category/Type

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

Memo Item

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

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

[ ] 5000.00  
 [ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. THE PENINSULA BEVERLY HILLS**

Mailing Address 9882 S SANTA MONICA BLVD

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41025  
Amount of Each Disbursement this Period  
922.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE PENINSULA BEVERLY HILLS**

Mailing Address 9882 S SANTA MONICA BLVD

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41029  
Amount of Each Disbursement this Period  
1287.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE PENINSULA BEVERLY HILLS**

Mailing Address 9882 S SANTA MONICA BLVD

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.39914]: TRAVEL: LODGING

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4103t  
Amount of Each Disbursement this Period  
183.44

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. THE POLLING COMPANY</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 2850 EISENHOWER AVENUE 1ST FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.39960</b> Amount of Each Disbursement this Period [ ] 8350.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING EXPENSE		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. THE POST OAK HOTEL</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 1600 W LOOP S		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41075</b> Amount of Each Disbursement this Period [ ] - 410.88
City HOUSTON	State TX	Zip Code 77027
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39917]: CREDIT: EVENT EXPENSE: FACILITY RENTAL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TINY JEWEL BOX INC</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2018
Mailing Address 1155 CONNECTICUT AVE NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4112t</b> Amount of Each Disbursement this Period [ ] 6906.25
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40958]: CONTRIBUTOR COLLATERAL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 8350.00
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. TONY MANDOLA'S</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 1212 WAUGH DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41220</b> Amount of Each Disbursement this Period [REDACTED] 199.27
City HOUSTON	State TX	Zip Code 77019
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: MEETING EXPENSE: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41181</b> Amount of Each Disbursement this Period [REDACTED] 314.77
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41048</b> Amount of Each Disbursement this Period [REDACTED] 1567.80
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: FACILITY RENTAL AND CATERING		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41081</b> Amount of Each Disbursement this Period 6000.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39919]: EVENT EXPENSE: FACILITY RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41108</b> Amount of Each Disbursement this Period 5319.98
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39922]: EVENT EXPENSE: FACILITY RENTAL AND CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41116</b> Amount of Each Disbursement this Period 3000.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956]: EVENT EXPENSE: FACILITY RENTAL AND CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.40997</b> Amount of Each Disbursement this Period [ ] 24804.13
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement FACILITY RENTAL AND CATERING SERVICES		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. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2018
Mailing Address 1100 PENNSYLVANIA AVENUE NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41127</b> Amount of Each Disbursement this Period [ ] 3365.40
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40958]: EVENT EXPENSE: FACILITY RENTAL AND CATERING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address 1455 MARKET ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41204</b> Amount of Each Disbursement this Period [ ] 20.36
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

[ ] 24804.13
[ ]

**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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41203  
Amount of Each Disbursement this Period  
11.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41199  
Amount of Each Disbursement this Period  
15.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41200  
Amount of Each Disbursement this Period  
12.26

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B.41202  
Amount of Each Disbursement this Period

11.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21B.41198  
Amount of Each Disbursement this Period

12.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B.41198  
Amount of Each Disbursement this Period

24.60

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41196  
Amount of Each Disbursement this Period  
84.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41197  
Amount of Each Disbursement this Period  
15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41193  
Amount of Each Disbursement this Period  
5.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41192  
Amount of Each Disbursement this Period  
13.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41190  
Amount of Each Disbursement this Period  
34.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41191  
Amount of Each Disbursement this Period  
20.73

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41226  
Amount of Each Disbursement this Period  
10.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41227  
Amount of Each Disbursement this Period  
9.21

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 03 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.41182  
Amount of Each Disbursement this Period  
11.42

Memo Item

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41183  
Amount of Each Disbursement this Period  
14.26

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41184  
Amount of Each Disbursement this Period  
8.79

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41185  
Amount of Each Disbursement this Period  
10.12

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41224  
Amount of Each Disbursement this Period  
25.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41225  
Amount of Each Disbursement this Period  
153.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41186  
Amount of Each Disbursement this Period  
15.32

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41187  
Amount of Each Disbursement this Period  
33.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41188  
Amount of Each Disbursement this Period  
16.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39924]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41188  
Amount of Each Disbursement this Period  
15.98

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41222  
Amount of Each Disbursement this Period  
26.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41223  
Amount of Each Disbursement this Period  
34.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40961]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41224  
Amount of Each Disbursement this Period  
26.08

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40961]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41229  
Amount of Each Disbursement this Period  
32.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41221  
Amount of Each Disbursement this Period  
59.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.41194  
Amount of Each Disbursement this Period  
11.46

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2108

FEC Identification Number

C  
Transaction ID : SB21B.41201  
Amount of Each Disbursement this Period  
5.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNION PIE**

Mailing Address 901 WHARF ST SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: EVENT EXPENSE: MEALS  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41066  
Amount of Each Disbursement this Period  
220.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 900 GRAND PLAZA DR SUITE 430

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR  
Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.41206  
Amount of Each Disbursement this Period  
677.20

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41207</b> Amount of Each Disbursement this Period 109.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41205</b> Amount of Each Disbursement this Period 13.99
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement REIMBURSEMENT [SB21B.39925]: TRAVEL: AIR		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41003</b> Amount of Each Disbursement this Period 602.20
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41004</b> Amount of Each Disbursement this Period [REDACTED] 602.20
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41019</b> Amount of Each Disbursement this Period [REDACTED] 869.20
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39914]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41051</b> Amount of Each Disbursement this Period [REDACTED] 1205.60
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39915]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 18 / 2018	
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41208</b> Amount of Each Disbursement this Period [ ] 17.99	
City HOUSTON State TX Zip Code 77067	Purpose of Disbursement REIMBURSEMENT [SB21B.39962]: TRAVEL: AIR	Category/Type [ ]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 22 / 2018	
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41083</b> Amount of Each Disbursement this Period [ ] 548.20	
City HOUSTON State TX Zip Code 77067	Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR	Category/Type [ ]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 22 / 2018	
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [ ] <b>Transaction ID : SB21B.41084</b> Amount of Each Disbursement this Period [ ] 1204.40	
City HOUSTON State TX Zip Code 77067	Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR	Category/Type [ ]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 0.00	
<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)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41085</b> Amount of Each Disbursement this Period 99.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41086</b> Amount of Each Disbursement this Period 112.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41087</b> Amount of Each Disbursement this Period 39.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41088</b> Amount of Each Disbursement this Period [REDACTED] 602.20
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41232</b> Amount of Each Disbursement this Period [REDACTED] 1204.40
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41088</b> Amount of Each Disbursement this Period [REDACTED] 12.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39918]: TRAVEL: AIR TICKET FEE		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 checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41090</b> Amount of Each Disbursement this Period [REDACTED] 1204.40
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39920]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.41096</b> Amount of Each Disbursement this Period [REDACTED] 1757.40
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.39920]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4123t</b> Amount of Each Disbursement this Period [REDACTED] 66.00
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. UNITED AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 900 GRAND PLAZA DR  
SUITE 430

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement REIMBURSEMENT [SB21B.40962]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.41231

Amount of Each Disbursement this Period: 10.99

Memo Item

**B. VINEYARD VINES**

Full Name (Last, First, Middle Initial)

Mailing Address 181 HARBOR DR

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40955]: CONTRIBUTOR COLLATERAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.41131

Amount of Each Disbursement this Period: 8251.55

Memo Item

**C. WALSH, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address C/O AMERICA FIRST ACTION INC  
1400 CRYSTAL DRIVE STE 850

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB21B.3992!

Amount of Each Disbursement this Period: 6056.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6056.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. WALSH, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address C/O AMERICA FIRST ACTION INC  
1400 CRYSTAL DRIVE STE 850

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.40962

Amount of Each Disbursement this Period: 3932.70

Memo Item

**B. WELL DUNN CATERING**

Full Name (Last, First, Middle Initial)

Mailing Address 510 11TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40955]: EVENT EXPENSE: CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.41112

Amount of Each Disbursement this Period: 2175.00

Memo Item

**C. WHITE HOUSE HISTORICAL ASSOCIATION**

Full Name (Last, First, Middle Initial)

Mailing Address 1610 H STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.40956] :CONTRIBUTOR COLLATERAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4112

Amount of Each Disbursement this Period: 555.18

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3932.70
<b>TOTAL</b> This Period (last page this line number only).....▶	696203.59

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2018
Mailing Address 204 S MONROE ST. SUITE 201-A		FEC Identification Number C 00544544 <b>Transaction ID : SB23.39909</b> Amount of Each Disbursement this Period 1000000.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement FEDERAL CONTRIBUTION		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. NEW REPUBLICAN PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 204 S MONROE ST. SUITE 201-A		FEC Identification Number C 00544544 <b>Transaction ID : SB23.39911</b> Amount of Each Disbursement this Period 300000.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1300000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1300000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. NEWMAN, TIMOTHY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2018	
Mailing Address 1120 CAMDEN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB28A.40996</b> Amount of Each Disbursement this Period [ ] 2500.00	
City ROCK HILL	State SC	Zip Code 29732	Category/ Type [ ]
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SKRMETTA, DENNIS, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018	
Mailing Address 526 NORTHWOODS DR		FEC Identification Number C [ ] <b>Transaction ID : SB28A.39930</b> Amount of Each Disbursement this Period [ ] 1000.00	
City ABITA SPRINGS	State LA	Zip Code 70420	Category/ Type [ ]
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JASON BRODEUR PC</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2018	
Mailing Address 120 S MONROE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB29.41241</b> Amount of Each Disbursement this Period [ ] 44250.00	
City TALLAHASSEE	State FL	Zip Code 32301	Category/ Type [ ]
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		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.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		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).....▶	44250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44250.00

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

NAME OF COMMITTEE (In Full) <b>AMERICA FIRST ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00637512                 </div>
--	---

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>ADVANTAGE DIRECT</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> 10 / 24 / 2018		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     110000.00                 </div>		
City ARLINGTON	State VA	Zip Code 22201	<b>Transaction ID : SE.38303</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> 10 / 22 / 2018		
Purpose of Expenditure LIVE CALLS		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MCSALLY, MARTHA, , ,		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">229758.91</span>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			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>ADVANTAGE DIRECT</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> 10 / 24 / 2018		
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     35000.00                 </div>		
City ARLINGTON	State VA	Zip Code 22201	<b>Transaction ID : SE.38312</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> 10 / 22 / 2018		
Purpose of Expenditure GOTV PHONES		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SESSIONS, PETE MR., , ,		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">2437098.82</span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>32</u> State: <u>TX</u>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			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; text-align: right;">                 145000.00             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </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.

Signature PROCH, JON, , ,

 [Electronically Filed]
 

 Date M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: ADVANTAGE DIRECT
Mailing Address: 2300 CLARENDON BOULEVARD, SUITE 303, ARLINGTON, VA 22201
Purpose of Expenditure: GOTV PHONES: TEXTING
Date of Public Distribution/Dissemination: 11/04/2018
Amount: 60000.00
Transaction ID: SE.40998
Date of Disbursement or Obligation: 10/22/2018

Name of Federal Candidate: MCSALLY, MARTHA, , ,
Support
Office Sought: Senate
State: AZ
Calendar Year-To-Date Per Election for Office Sought: 347310.91
Disbursement For: General 2018

Full Name of Payee: ADVANTAGE DIRECT
Mailing Address: 2300 CLARENDON BOULEVARD, SUITE 303, ARLINGTON, VA 22201
Purpose of Expenditure: GOTV LIVE CALLS
Date of Public Distribution/Dissemination: 11/24/2018
Amount: 50000.00
Transaction ID: SE.38436
Date of Disbursement or Obligation: 11/20/2018

Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Support
Office Sought: Senate
State: MS
Calendar Year-To-Date Per Election for Office Sought: 50000.00
Disbursement For: Other (specify) Sp. Gen. RunOff

(a) SUBTOTAL of Itemized Independent Expenditures: 110000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: PROCH, JON, , ,

[Electronically Filed]

Date: 12/06/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee CONVERGENCE MEDIA LLC
Mailing Address P.O. BOX 711024
City HERNDON State VA Zip Code 20171
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: FEEHAN, DANIEL, ,
Office Sought: House District: 01 State: MN
Disbursement For: General 2018
Amount 25000.00
Transaction ID: SE.36605
Date of Disbursement or Obligation 10/19/2018

Full Name of Payee CONVERGENCE MEDIA LLC
Mailing Address P.O. BOX 711024
City HERNDON State VA Zip Code 20171
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: OJEDA, RICHARD, NEECE, , II
Office Sought: House District: 03 State: WV
Disbursement For: General 2018
Amount 60000.00
Transaction ID: SE.38401
Date of Disbursement or Obligation 10/19/2018

(a) SUBTOTAL of Itemized Independent Expenditures 85000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: PROCH, JON, , [Electronically Filed] Date: 12/06/2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
CONVERGENCE MEDIA LLC
Mailing Address
P.O. BOX 711024
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
10 / 24 / 2018
Amount
119758.91
Transaction ID : SE.38301
Date of Disbursement or Obligation
10 / 22 / 2018

Name of Federal Candidate:
MCSALLY, MARTHA, ,
Support Oppose
Office Sought:
House Senate
District:
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
119758.91
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
CONVERGENCE MEDIA LLC
Mailing Address
P.O. BOX 711024
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
10 / 24 / 2018
Amount
44936.77
Transaction ID : SE.38304
Date of Disbursement or Obligation
10 / 22 / 2018

Name of Federal Candidate:
EPSTEIN, LENA ROSE, ,
Support Oppose
Office Sought:
House Senate
District: 11
State: MI
Calendar Year-To-Date
Per Election for Office Sought
817329.83
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
164695.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature
PROCH, JON, ,
[Electronically Filed]
Date
12 / 06 / 2018

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

NAME OF COMMITTEE (In Full) <b>AMERICA FIRST ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00637512
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONVERGENCE MEDIA LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 711024		Amount <input type="text"/>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : <b>SE.38416</b>
Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BUDD, THEODORE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
946568.28			

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONVERGENCE MEDIA LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 711024		Amount <input type="text"/>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : <b>SE.38335</b>
Purpose of Expenditure DIGITAL ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: SCOTT, GEORGE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
722215.34			

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

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

PROCH, JON, , ,  
Signature

*[Electronically Filed]*

Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee JAMESTOWN ASSOCIATES
Mailing Address 116 CRAIG ROAD
City MANALAPAN State NJ Zip Code 07726
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: TUCKER, EVERETT CLARKE IV, , ,
Office Sought: House District: 02 State: AR
Disbursement For: General 2018
Amount 11500.00
Transaction ID: SE.38271
Date of Disbursement or Obligation 10/23/2018

Full Name of Payee JAMESTOWN ASSOCIATES
Mailing Address 116 CRAIG ROAD
City MANALAPAN State NJ Zip Code 07726
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: SLOTKIN, ELISSA, , ,
Office Sought: House District: 08 State: MI
Disbursement For: General 2018
Amount 12000.00
Transaction ID: SE.38373
Date of Disbursement or Obligation 10/29/2018

(a) SUBTOTAL of Itemized Independent Expenditures 23500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

PROCH, JON, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee JOHNSON STRATEGIES LLC
Mailing Address 4612 DUSIK LANE
City AUSTIN State TX Zip Code 78746
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: SCOTT, GEORGE, , ,
Office Sought: House District: 10 State: PA
Disbursement For: General 2018
Amount 10000.00
Transaction ID: SE.38311
Date of Disbursement or Obligation 10/24/2018

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: ALLRED, COLIN, , ,
Office Sought: House District: 32 State: TX
Disbursement For: General 2018
Amount 14065.31
Transaction ID: SE.36595
Date of Disbursement or Obligation 10/18/2018

(a) SUBTOTAL of Itemized Independent Expenditures 24065.31
(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.

PROCH, JON, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: MANNING, KATHY, , ,
Calendar Year-To-Date Per Election for Office Sought 789233.72
Disbursement For: General 2018

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: ALLRED, COLIN, , ,
Calendar Year-To-Date Per Election for Office Sought 2402098.82
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 44091.88
(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.

PROCH, JON, , ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: DONNELLY, JOSEPH S, ,
Calendar Year-To-Date Per Election for Office Sought 2820485.40
Disbursement For: 2018 General

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: MANNING, KATHY, ,
Calendar Year-To-Date Per Election for Office Sought 806513.72
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 66333.68
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: MANNING, KATHY, , ,
Office Sought: House District: 13 State: NC
Disbursement For: General 2018
Amount 17416.56
Transaction ID: SE.38378

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: ALLRED, COLIN, , ,
Office Sought: House District: 32 State: TX
Disbursement For: General 2018
Amount 26675.32
Transaction ID: SE.38382

(a) SUBTOTAL of Itemized Independent Expenditures 44091.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/29/2018
Amount 13081.25
Transaction ID : SE.38383
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: SESSIONS, PETE MR., ,
Support Oppose
Office Sought: House District: 32
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 2476855.39
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/29/2018
Amount 17500.35
Transaction ID : SE.38379
Date of Disbursement or Obligation 10/23/2018

Name of Federal Candidate: BUDD, THEODORE, ,
Support Oppose
Office Sought: House District: 13
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 964068.63
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30581.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature PROCH, JON, , [Electronically Filed] Date 12/06/2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Calendar Year-To-Date Per Election for Office Sought 51861.90
Date of Public Distribution/Dissemination 11/19/2018
Amount 51861.90
Transaction ID : SE.38426
Date of Disbursement or Obligation 11/19/2018
Office Sought: Senate State: MS

Full Name of Payee ONMESSAGE INC.
Mailing Address 705 MELVIN AVE #105
City ANNAPOLIS State MD Zip Code 21401
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: MANNING, KATHY, , ,
Calendar Year-To-Date Per Election for Office Sought 904151.72
Date of Public Distribution/Dissemination 10/23/2018
Amount 10500.00
Transaction ID : SE.38276
Date of Disbursement or Obligation 10/22/2018
Office Sought: House State: NC

(a) SUBTOTAL of Itemized Independent Expenditures 62361.90
(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.

PROCH, JON, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: ONMESSAGE INC.
Mailing Address: 705 MELVIN AVE #105
City: ANNAPOLIS MD Zip Code: 21401
Purpose of Expenditure: PRODUCTION COST
Date of Public Distribution/Dissemination: 10/27/2018
Amount: 10008.00
Transaction ID: SE.38365
Date of Disbursement or Obligation: 10/26/2018
Name of Federal Candidate: GOLDEN, JARED, ,
Office Sought: House District: 02 State: ME
Disbursement For: General 2018

Full Name of Payee: PEOPLE WHO THINK, LLC
Mailing Address: 4250 HIGHWAY 22 SUITE 7
City: MANDEVILLE LA Zip Code: 70471
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 10/24/2018
Amount: 46007.96
Transaction ID: SE.38310
Date of Disbursement or Obligation: 10/19/2018
Name of Federal Candidate: LEE, SUSIE, ,
Office Sought: House District: 03 State: NV
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 56015.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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

Signature: PROCH, JON, ,

[Electronically Filed]

Date: 12/06/2018

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

NAME OF COMMITTEE (In Full) <b>AMERICA FIRST ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00637512
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>PEOPLE WHO THINK, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4250 HIGHWAY 22 SUITE 7		Amount <input type="text"/>	
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : <b>SE.38334</b>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: LEE, SUSIE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>PEOPLE WHO THINK, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4250 HIGHWAY 22 SUITE 7		Amount <input type="text"/>	
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : <b>SE.38399</b>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: LEE, SUSIE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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

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

PROCH, JON, , , *[Electronically Filed]* Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Name of Federal Candidate:
SINEMA, KYRSTEN, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
258534.91
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Name of Federal Candidate:
SLOTKIN, ELISSA, ,
Support
Oppose
Office Sought:
House
Senate
District: 08
State: MI
Calendar Year-To-Date
Per Election for Office Sought
774772.63
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 43906.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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

Signature: PROCH, JON, , [Electronically Filed] Date: 12 / 06 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: PEOPLE WHO THINK, LLC
Mailing Address: 4250 HIGHWAY 22 SUITE 7
City: MANDEVILLE State: LA Zip Code: 70471
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 10/25/2018
Amount: 12434.00
Transaction ID: SE.38325
Date of Disbursement or Obligation: 10/22/2018
Name of Federal Candidate: STEVENS, HALEY, , ,
Office Sought: House District: 11 State: MI
Disbursement For: General 2018

Full Name of Payee: PEOPLE WHO THINK, LLC
Mailing Address: 4250 HIGHWAY 22 SUITE 7
City: MANDEVILLE State: LA Zip Code: 70471
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 10/29/2018
Amount: 15130.00
Transaction ID: SE.38376
Date of Disbursement or Obligation: 10/22/2018
Name of Federal Candidate: SLOTKIN, ELISSA, , ,
Office Sought: House District: 08 State: MI
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 27564.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

PROCH, JON, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination
10 / 29 / 2018
Amount
12434.00
Transaction ID : SE.38377
Date of Disbursement or Obligation
10 / 22 / 2018

Name of Federal Candidate:
STEVENS, HALEY, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
842197.83

Office Sought:
House
District: 11
State: MI
Disbursement For:
General
2018

Full Name of Payee
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination
10 / 30 / 2018
Amount
28776.00
Transaction ID : SE.38395
Date of Disbursement or Obligation
10 / 22 / 2018

Name of Federal Candidate:
SINEMA, KYRSTEN, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
287310.91

Office Sought:
Senate
District:
State: AZ
Disbursement For:
General
2018

(a) SUBTOTAL of Itemized Independent Expenditures 41210.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/22/2018
Amount 27794.66
Transaction ID : SE.36612
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: ROSENDALE, MATT, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1540189.32

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/23/2018
Amount 16977.24
Transaction ID : SE.38272
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: GOLDEN, JARED, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 874186.68

(a) SUBTOTAL of Itemized Independent Expenditures 44771.90
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL POSTAGE AND PRINTING
Date of Public Distribution/Dissemination 10/23/2018
Amount 27794.66
Transaction ID: SE.38273
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: TESTER, JON, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1567983.98

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/26/2018
Amount 16977.24
Transaction ID: SE.38332
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: GOLDEN, JARED, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 891163.92

(a) SUBTOTAL of Itemized Independent Expenditures 44771.90
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12/06/2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 10/25/2018
Amount 27794.66
Transaction ID : SE.38354
Date of Disbursement or Obligation 10/22/2018

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 POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 10/23/2018
Amount 14274.92
Transaction ID : SE.38277
Date of Disbursement or Obligation 10/23/2018

Name of Federal Candidate: SCOTT, GEORGE, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42069.58
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: RADINOVICH, JOSEPH, ,
Office Sought: House District: 08 State: MN
Disbursement For: General 2018
Amount 27196.82
Transaction ID: SE.38306

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE #700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: SCOTT, GEORGE, ,
Office Sought: House District: 10 State: PA
Disbursement For: General 2018
Amount 14274.92
Transaction ID: SE.38330

(a) SUBTOTAL of Itemized Independent Expenditures 41471.74
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: POLITICAL INK, INC
Mailing Address: 1200 18TH STREET NW SUITE #700
City: WASHINGTON State: DC Zip Code: 20036
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: RADINOVICH, JOSEPH, ,
Office Sought: House District: 08 State: MN
Disbursement For: General 2018
Amount: 27196.82
Transaction ID: SE.38333

Full Name of Payee: POLITICAL INK, INC
Mailing Address: 1200 18TH STREET NW SUITE #700
City: WASHINGTON State: DC Zip Code: 20036
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: SCOTT, GEORGE, ,
Office Sought: House District: 10 State: PA
Disbursement For: General 2018
Amount: 14274.92
Transaction ID: SE.38381

(a) SUBTOTAL of Itemized Independent Expenditures 41471.74
(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.

PROCH, JON, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 20 / 2018
Amount
348307.60
Transaction ID : SE.36604
Date of Disbursement or Obligation
10 / 19 / 2018

Name of Federal Candidate:
FEEHAN, DANIEL, ,
Support Oppose

Office Sought:
House District: 01
President Senate State: MN

Calendar Year-To-Date
Per Election for Office Sought
1337670.62

Disbursement For:
Primary General
2018 Other (specify)

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 23 / 2018
Amount
354666.70
Transaction ID : SE.38269
Date of Disbursement or Obligation
10 / 19 / 2018

Name of Federal Candidate:
TUCKER, EVERETT CLARKE IV, ,
Support Oppose

Office Sought:
House District: 02
President Senate State: AR

Calendar Year-To-Date
Per Election for Office Sought
354666.70

Disbursement For:
Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 702974.30
(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.

Signature
PROCH, JON, ,

[Electronically Filed]

Date
12 / 06 / 2018

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

NAME OF COMMITTEE (In Full) <b>AMERICA FIRST ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00637512                 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>RED EAGLE MEDIA GROUP</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 30 / 2018</span>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <span style="border: 1px solid black; padding: 2px;">353026.40</span>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>PLACED MEDIA</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	Transaction ID : <b>SE.38400</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 19 / 2018</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <b>OJEDA, RICHARD, NEECE, , II</b> <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1057511.22</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>RED EAGLE MEDIA GROUP</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 23 / 2018</span>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <span style="border: 1px solid black; padding: 2px;">87138.00</span>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>PLACED MEDIA</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	Transaction ID : <b>SE.38275</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 22 / 2018</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <b>MANNING, KATHY, , ,</b> <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">893651.72</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 ..... ▶	<span style="border: 1px solid black; padding: 2px;">440164.40</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>
<b>(c) 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.

PROCH, JON, , , *[Electronically Filed]* Date 12 / 06 / 2018  
 Signature

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

NAME OF COMMITTEE (In Full) <b>AMERICA FIRST ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00637512                 </div>
--	---

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>RED EAGLE MEDIA GROUP</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2018	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">847865.90</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE.38328</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2018
Purpose of Expenditure PLACED MEDIA		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>12</u> State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">847865.90</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>RED EAGLE MEDIA GROUP</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2018	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">375891.90</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE.38326</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2018
Purpose of Expenditure PLACED MEDIA		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: FEEHAN, DANIEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1738562.52</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;">1223757.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

PROCH, JON, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 26 / 2018
Amount
657915.40
Transaction ID : SE.38336
Date of Disbursement or Obligation
10 / 25 / 2018

Name of Federal Candidate:
ALLRED, COLIN, ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
3134770.79

Office Sought:
House District: 32
President Senate State: TX
Disbursement For:
Primary General
2018 Other (specify)

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 28 / 2018
Amount
93999.06
Transaction ID : SE.38368
Date of Disbursement or Obligation
10 / 25 / 2018

Name of Federal Candidate:
STEVENS, HALEY, ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
936196.89

Office Sought:
House District: 11
President Senate State: MI
Disbursement For:
Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
751914.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature
PROCH, JON, ,
[Electronically Filed]

Date
12 / 06 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 28 / 2018
Amount
596093.48
Transaction ID : SE.38369
Date of Disbursement or Obligation
10 / 25 / 2018

Name of Federal Candidate:
SLOTKIN, ELISSA, , ,
Support
Oppose

Office Sought:
House District: 08
President Senate State: MI

Calendar Year-To-Date
Per Election for Office Sought
1430496.11

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 30 / 2018
Amount
188000.00
Transaction ID : SE.38396
Date of Disbursement or Obligation
10 / 26 / 2018

Name of Federal Candidate:
GOLDEN, JARED, , ,
Support
Oppose

Office Sought:
House District: 02
President Senate State: ME

Calendar Year-To-Date
Per Election for Office Sought
1089171.92

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
784093.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature
PROCH, JON, , ,

[Electronically Filed]

Date
12 / 06 / 2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee RED EAGLE MEDIA GROUP
Mailing Address 815 SLATERS LANE
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA
Date of Public Distribution/Dissemination 10/30/2018
Amount 1241778.54
Transaction ID: SE.38397
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: RADINOVICH, JOSEPH, ,
Support Oppose
Office Sought: House District: 08
President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 3243850.94
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee RED EAGLE MEDIA GROUP
Mailing Address 815 SLATERS LANE
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA
Date of Public Distribution/Dissemination 11/01/2018
Amount 70500.00
Transaction ID: SE.38413
Date of Disbursement or Obligation 10/31/2018

Name of Federal Candidate: OJEDA, RICHARD, NEECE, , II
Support Oppose
Office Sought: House District: 03
President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1188011.22
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1312278.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: PROCH, JON, , [Electronically Filed] Date: 12/06/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: RED EAGLE MEDIA GROUP
Mailing Address: 815 SLATERS LANE
City: ALEXANDRIA, VA, Zip Code: 22314
Purpose of Expenditure: PLACED MEDIA
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Office Sought: Senate, State: MS
Amount: 108446.86
Transaction ID: SE.38429
Date of Disbursement or Obligation: 11/19/2018

Full Name of Payee: REDPRINT STRATEGY
Mailing Address: 1050 JOHNNIE DODDS BLVD, UNIT 2414
City: MOUNT PLEASANT, SC, Zip Code: 29465
Purpose of Expenditure: PRODUCTION COST
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,
Office Sought: House, State: OH
Amount: 13000.00
Transaction ID: SE.38337
Date of Disbursement or Obligation: 10/24/2018

(a) SUBTOTAL of Itemized Independent Expenditures: 121446.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, , ,

[Electronically Filed]

Date: 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
REDPRINT STRATEGY
Mailing Address
1050 JOHNNIE DODDS BLVD
UNIT 2414
City
MOUNT PLEASANT
State
SC
Zip Code
29465
Purpose of Expenditure
PRODUCTION COST
Category/Type

Date of Public Distribution/Dissemination
10 / 30 / 2018
Amount
12750.00
Transaction ID : SE.38398
Date of Disbursement or Obligation
10 / 29 / 2018

Name of Federal Candidate:
RADINOVICH, JOSEPH, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3256600.94

Office Sought:
House
District: 08
State: MN
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REDPRINT STRATEGY
Mailing Address
1050 JOHNNIE DODDS BLVD
UNIT 2414
City
MOUNT PLEASANT
State
SC
Zip Code
29465
Purpose of Expenditure
PRODUCTION COST
Category/Type

Date of Public Distribution/Dissemination
11 / 20 / 2018
Amount
15500.00
Transaction ID : SE.38433
Date of Disbursement or Obligation
11 / 20 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
15500.00

Office Sought:
House
District:
State: MS
Disbursement For:
Primary
General
Other (specify) Sp. Gen. RunOff

(a) SUBTOTAL of Itemized Independent Expenditures 28250.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: RED STATE DATA AND DIGITAL
Mailing Address: 611 PENNSYLVANIA AVE SE #454
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Expenditure: DIGITAL ADVERTISING
Name of Federal Candidate: TUCKER, EVERETT CLARKE IV, , ,
Office Sought: House District: 02 State: AR
Amount: 28000.00
Transaction ID: SE.38331
Date of Disbursement or Obligation: 10/23/2018
Disbursement For: General 2018

Full Name of Payee: RED STATE DATA AND DIGITAL
Mailing Address: 611 PENNSYLVANIA AVE SE #454
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Expenditure: DIGITAL ADVERTISING
Name of Federal Candidate: BISHOP, MIKE, , ,
Office Sought: House District: 08 State: MI
Amount: 44500.00
Transaction ID: SE.38414
Date of Disbursement or Obligation: 10/23/2018
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures: 72500.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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

PROCH, JON, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: RED STATE DATA AND DIGITAL
Mailing Address: 611 PENNSYLVANIA AVE SE #454
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Expenditure: DIGITAL ADVERTISING
Name of Federal Candidate: O'CONNOR, DANIEL JAY, , ,
Office Sought: House District: 12 State: OH
Amount: 45000.00
Transaction ID: SE.38329
Date of Disbursement or Obligation: 10/24/2018
Disbursement For: General 2018

Full Name of Payee: RED STATE DATA AND DIGITAL
Mailing Address: 611 PENNSYLVANIA AVE SE #454
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Expenditure: DIGITAL ADVERTISING
Name of Federal Candidate: BALDERSON, TROY, , ,
Office Sought: House District: 12 State: OH
Amount: 35000.00
Transaction ID: SE.38380
Date of Disbursement or Obligation: 10/24/2018
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 80000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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

PROCH, JON, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED STATE DATA AND DIGITAL
Mailing Address
611 PENNSYLVANIA AVE SE
#454
City
WASHINGTON State
DC Zip Code
20003
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
11 / 20 / 2018
Amount
45000.00
Transaction ID : SE.38431
Date of Disbursement or Obligation
11 / 19 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support
Office Sought:
House District:
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
45000.00
Disbursement For:
Primary General
Other (specify) Sp. Gen. RunOff

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 6907370.51

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

Signature
PROCH, JON, , ,

[Electronically Filed]

Date
12 / 06 / 2018