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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MEGAPHONE			
ADDRESS (number and street)	PO BOX 341028		
▼ Check if different			
than previously reported. (ACC)	AUSTIN		TX 78734
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	Y <b>A</b>	STATE ▲ ZIP CODE ▲
C C00569517		ETHIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	<b>X</b> Mar	20 (M3) Jun 20 (Mi	(Non-Election Year Only)
April 15 Quarterly Report (		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (	PRF-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	Floation	n on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		n on	in the State of
5. Covering Period C	)2	through 02	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
I certify that I have examined to Type or Print Name of Treasur	MČALPIN, LUKE, , ,	my knowledge and belief it is	true, correct and complete.
Type of Time Name of Treasur			
Signature of Treasurer MC	ALPIN, LUKE, , ,	[Electronically Filed]	Date 03 20 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	Nrite or Type Committee Name MEGAPHONE		
F	Report Covering the Period: From:	02 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	02 28 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		103171.21
	(b) Cash on Hand at  Beginning of Reporting Period	99995.91	
	(c) Total Receipts (from Line 19)	0.00	0.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99995.91	103171.21
7.	Total Disbursements (from Line 31)	10.00	3185.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99985.91	99985.91
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)	596907.45	
	This committee has qualified as a mul-	ticandidate committee. (see FEC FORM 1M)	
_		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### MEGAPHONE

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:	,	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
_		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	
(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)	0.00	0.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
F		
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	45 45	45 45
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	45 45 45	45 45 45
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIOIII GOIIGGAIG FIO)	0.00	0.00
40.1.1.5.1.4.2.1.1.1.1.	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
( ) T T		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))  Total Receipts (add Lines 11(d),	0.00	0.
	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
Total Fadaval Dagginta		
Total Federal Receipts	0.00	222
(subtract Line 18(c) from Line 19)▶	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Carolina, 10al to pate
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		4 4 4
Expenditures	10.00	185.30
(add 21(a)(i), (a)(ii), and (b))▶	10.00	185.30
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 4	
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	3000.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
.,	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	10.00	3185.30
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	10.00	3185.30

34. Total Contribution Refunds

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

of Disbursements

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 0.00 0.00 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 0.00 0.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 10.00 185.30 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 10.00 185.30 (subtract Line 37 from Line 36) ......

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 6
FOR LINE NUMBER: (check only one)

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		9
	X	10

OF

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal Petition Campaign Arno Petition Consultants Mailing Address 5406 Crossing Dr State Zip Code Rocklin CA 95677 Transaction ID: SD10.5026 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15000.00 15000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal Petition Campaign Arno Petition Consultants Mailing Address 5406 Crossing Dr City State Zip Code Rocklin 95677 CA Outstanding Balance Beginning This Period Transaction ID: SD10.5028 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25283.88 25283.88 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal Petition Campaign **Arno Petition Consultants** Mailing Address 5406 Crossing Dr City State Zip Code Rocklin CA 95677 Outstanding Balance Beginning This Period Transaction ID: SD10.5030 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 30592.56 30592.56 0.00 70876.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 7
FOR LINE NUMBER: (check only one)

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X	10

OF

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal Petition Campaign Arno Petition Consultants Mailing Address 5406 Crossing Dr State Zip Code Rocklin CA 95677 Transaction ID: SD10.5032 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 26848.44 26848.44 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal Petition Campaign Arno Petition Consultants Mailing Address 5406 Crossing Dr City State Zip Code Rocklin 95677 CA Outstanding Balance Beginning This Period Transaction ID: SD10.5031 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 51699.36 51699.36 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4120 2212.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2212.50 0.00 80760.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 8
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 State Zip Code Austin TX 78734 Transaction ID: SD10.4121 Outstanding Balance Beginning This Period 140.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 140.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4122 687.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 687.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4123 180.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 180.00 0.00 1007.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

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	ME OF COMMITTEE (In Full) EGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Gober Hilgers PLLC				Nature of Debt (Purpose Legal and Compliance S	): ervices
Ī	Mailing Address PO Box 341016				
	City	State	Zip Code		
-	Austin	TX	78734	Transaction ID OD40	4404
	Outstanding Balance Beginning This Period 580.00			Transaction ID : SD10	.4124
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance a	t Close of This Period
	0.00		0.0	00	580.00
Ì	B. Full Name (Last, First, Middle Initial) of Debtor of Gober Hilgers PLLC	r Creditor		Nature of Debt (Purpose Legal and Compliance S	
Ī	Mailing Address PO Box 341016				
Ī	City Austin	State TX	Zip Code 78734		
	Outstanding Balance Beginning This Period  80.00  Amount Incurred This Period  0.00	Pay	ment This Period	Transaction ID : SD10 Outstanding Balance a	
	C. Full Name (Last, First, Middle Initial) of Debtor of Gober Hilgers PLLC	or Creditor		Nature of Debt (Purpose Legal and Compliance S	
	Mailing Address PO Box 341016				
	City Austin	State TX	Zip Code 78734		
	Outstanding Balance Beginning This Period 3817.50			Transaction ID : SD10	0.4172
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance a	t Close of This Period
	0.00	· · · ·	0.0	00	3817.50
1)	SUBTOTALS This Period This Page (optional)			>	4477.50
2)	TOTALS This Period (last page this line number or	nly)		>	<del>, , , , , , , , , , , , , , , , , , , </del>
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropriate lin	e of Summa	ary Page (last page on	aly) ▶	7

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) MEGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):			
Gober Hilgers PLLC			Legal and Compliance Services	
Mailing Address PO Box 341016	Mailing Address PO Box 341016			
City	State	Zip Code		
Austin	TX	78734		
Outstanding Balance Beginning This Period			Transaction ID: SD10.4223	
8270.50				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	8270.50	
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):	
Gober Hilgers PLLC			Legal and Compliance Services	
Mailing Address PO Box 341016				
City	State	Zip Code		
Austin	TX	78734		
Outstanding Balance Beginning This Period 6272.50			Transaction ID : SD10.4258	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	6272.50	
C. Full Name (Last, First, Middle Initial) of Debte Gober Hilgers PLLC	or or Creditor		Nature of Debt (Purpose): Legal and Compliance Services	
Mailing Address PO Box 341016				
City	State	Zip Code		
Austin	TX	78734		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4259	
127.50				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
	1 4			
0.00		0.00	127.50	
1) SUBTOTALS This Period This Page (optional)			14670.50	
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
B) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	<b>&gt;</b>	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 State Zip Code Austin TX 78734 Transaction ID: SD10.4315 Outstanding Balance Beginning This Period 2150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2150.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4331 127.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 127.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address PO Box 341016 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4382 211.56 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 211.56 0.00 2489.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

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X	10

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.4663 Outstanding Balance Beginning This Period 4358.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4358.32 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4677 2327.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2327.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4724 6580.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 6580.00 13265.82 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

1:		
		9
	X	10

NAME OF COMMITTEE (In Full) MEGAPHONE		·	·
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  RightSide Compliance  Mailing Address PO Box 341027			Nature of Debt (Purpose): Compliance Services
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period	1	-	Transaction ID : SD10.4744
857.50			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	<del>-</del>	0.00	857.50
B. Full Name (Last, First, Middle Initial) of Debtor o RightSide Compliance	r Creditor		Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			-
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period 1242.50	1		Transaction ID : SD10.4756
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1242.50
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			-
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period  Transaction ID : SD10.4825			
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
0.00	T	0.00	11637.50
1) SUBTOTALS This Period This Page (optional)			13737.50
2) TOTALS This Period (last page this line number of	2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 State Zip Code Austin TX 78734 Transaction ID: SD10.4855 Outstanding Balance Beginning This Period 5530.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5530.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4980 16800.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 16800.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Services** RightSide Compliance Mailing Address PO Box 341027 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4981 7472.50 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 7472.50 29802.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 15 OF

FOR LINE NUMBER:
(check only one)

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	ME OF COMMITTEE (In Full) IEGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  RightSide Compliance				Nature of Debt (Purpose): Compliance Services	
	Mailing Address PO Box 341027				
	City Austin	State Zip Code TX 78734			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4995	
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This	Period
	0.00		0.00	1575.00	)
	B. Full Name (Last, First, Middle Initial) of Debtor of RightSide Compliance	or Creditor		Nature of Debt (Purpose): Compliance Services	
	Mailing Address PO Box 341027				
	City Austin	State TX	Zip Code 78734		
	Outstanding Balance Beginning This Period 2415.00			Transaction ID : SD10.5024	
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This	_
	0.00	7	0.00	2415.00	<u>'</u>
	C. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	or Creditor		Nature of Debt (Purpose): Legal Services	
	Mailing Address PO Box 341016				
	City Austin	State TX	Zip Code 78734		
	Outstanding Balance Beginning This Period 2062.69			Transaction ID : SD10.4441	
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This	Period
	0.00	-	0.00	2062.69	)
1)	SUBTOTALS This Period This Page (optional)			6052.69	•
2)	2) TOTALS This Period (last page this line number only)			·	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			·	극
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				) <b>&gt;</b>	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

			,   10	
NAME OF COMMITTEE (In Full) MEGAPHONE				
A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose): Legal Services			
The Gober Group	The Gober Group			
Mailing Address PO Box 341016				
City	State	Zip Code	<del> </del>	
Austin	TX	78734		
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period 9651.00			
9651.00				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00	7	0.00	9651.00	
B. Full Name (Last, First, Middle Initial) of Debto The Gober Group	r or Creditor		Nature of Debt (Purpose): Legal Services	
The Gober Group				
Mailing Address PO Box 341016				
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period		l	T (1 ID 0010 1001	
5240.50			Transaction ID : SD10.4664	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00	7	0.00	5240.50	
C. Full Name (Last, First, Middle Initial) of Debt The Gober Group	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			
Mailing Address PO Box 341016	Maille y Address			
		17:01		
City Austin	State TX	Zip Code 78734		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4678	
648.50				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	648.50	
1) SUBTOTALS This Period This Page (optional)			15540.00	
2) TOTALS This Period (last page this line number	TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	<u> </u>			

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

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X	10

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17 OF

NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 State Zip Code Austin TX 78734 Transaction ID: SD10.4723 Outstanding Balance Beginning This Period 839.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 839.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4743 459.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 459.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services The Gober Group Mailing Address PO Box 341016 City State Zip Code 78734 Austin TX Outstanding Balance Beginning This Period Transaction ID: SD10.4757 5239.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 5239.00 0.00 6537.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 18 OF
FOR LINE NUMBER:
(check only one)

9 10

NAME OF COMMITTEE (In Full) MEGAPHONE			
A. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	Nature of Debt (Purpose): Legal Services		
Mailing Address PO Box 341016			_
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period 8168.64	Transaction ID : SD10.4823		
Amount Incurred This Period  0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 8168.64
B. Full Name (Last, First, Middle Initial) of Debtor of The Gober Group	or Creditor		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016  City	State	Zip Code	
Austin	TX	78734	
Outstanding Balance Beginning This Period 12143.00			
Amount Incurred This Period			
0.00	<u> </u>	0.00	12143.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016	Mailing Address PO Box 341016		
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period 10994.00			Transaction ID: SD10.4982
Amount Incurred This Period  0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 10994.00
I) SUBTOTALS This Period This Page (optional)			31305.64
TOTALS This Period (last page this line number only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 19 OF

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) MEGAPHONE			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period		
8162.50			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	8162.50
B. Full Name (Last, First, Middle Initial) of Debtor of The Gober Group	or Creditor		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			-
City Austin	State	Zip Code 78734	
Outstanding Balance Beginning This Period	17	10134	- : ID OD40 5004
890.50			Transaction ID : SD10.5004
Amount Incurred This Period	Payn	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	890.50
C. Full Name (Last, First, Middle Initial) of Debtor The Gober Group	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group		
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5021
0.00	Davis	and This Davied	Outstanding Delayer at Class of This Deviced
Amount Incurred This Period  332.00	Payii	nent This Period 0.00	Outstanding Balance at Close of This Period  332.00
332.00	7	0.00	552.50
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	9385.00
2) TOTALS This Period (last page this line number of	2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 20
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) **MEGAPHONE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website Development and Design Tusk Digital Mailing Address 718 7th St NW 2nd Floor State Zip Code Washington DC 20001 Transaction ID: SD10.4139 Outstanding Balance Beginning This Period 297000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 297000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 297000.00 1) SUBTOTALS This Period This Page (optional)..... 596907.45 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 596907.45 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶