

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00570945 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On:

April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 07 / 01 / 2019 through 12 / 31 / 2019

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

Signature of Treasurer HOBBS, CABELL, , , [Electronically Filed] Date 01 / 30 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**E-PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		105283.75
(b) Cash on Hand at Beginning of Reporting Period.....	272928.72	
(c) Total Receipts (from Line 19) .....	167172.50	510844.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	440101.22	616128.41
7. Total Disbursements (from Line 31).....	252452.98	428480.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	187648.24	187648.24
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

Write or Type Committee Name

E-PAC

Report Covering the Period: From: 07 / 01 / 2019 To: 12 / 31 / 2019

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).....	10883.34	117873.34
(ii) Unitemized .....	2247.64	10120.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13130.98	127993.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	130000.00	328500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	143130.98	456493.98
12. Transfers From Affiliated/Other Party Committees.....	24041.52	53350.68
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	167172.50	510844.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	167172.50	510844.66

**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 .....	107452.98	177480.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	107452.98	177480.17
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	140000.00	246000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	252452.98	428480.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	252452.98	428480.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	143130.98	456493.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	143130.98	456493.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	107452.98	177480.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	107452.98	177480.17

**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 73
	<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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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)  
**E-PAC**

**A. BRAVO, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 SOUTH MONROE STREET  
 City ARLINGTON State VA Zip Code 22206-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S-3 GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2019  
**Transaction ID : SA11A.23745**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. BEHRINGER, ANDREW, STARK, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 WINDSOR ROAD  
 City ALEXANDRIA State VA Zip Code 22307-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.24887**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. BLEIBERG, PAUL, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 CALVERT STREET NORTHWEST APARTMENT 321  
 City WASHINGTON State DC Zip Code 20008-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOVERNMENT RELATIONS Occupation (for Individual) SENIOR DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.24881**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 73
	<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)  
**E-PAC**

**A. DEJONG, CHERI, M.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 CHEYENNE TRAIL  
 City DALHART State TX Zip Code 79022-5226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AGRIVISION FARM MANAGEMENT Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 06 / 2019  
**Transaction ID : SA11A.24995**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. KIME, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2231 NORTH QUEBEC STREET  
 City ARLINGTON State VA Zip Code 22207-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INNOVATIVE FEDERAL STRATEGIES Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2019  
**Transaction ID : SA11A.25449**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. GIANINY, BRENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 PRINCE STREET  
 City ALEXANDRIA State VA Zip Code 22314-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AXIS RESEARCH, INC. Occupation (for Individual) POLLSTER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 22 / 2019  
**Transaction ID : SA11A.25842**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**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 8 OF 73
	<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)  
**E-PAC**

**A. HICKEY, LIESL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3631 ORDWAY ST NW  
 City WASHINGTON State DC Zip Code 20016-3175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 25 / 2019  
**Transaction ID : SA11A.26076**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. DEERING, TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ALLIANCE DRIVE  
 City GOOSE CREEK State SC Zip Code 29445-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PEGASUS STEEL Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 12 / 2019  
**Transaction ID : SA11A.26207**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. KAROLY, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1428 JAPPAUL LANE  
 City SAN JOSE State CA Zip Code 95132-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NETFLIX Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 11 / 16 / 2019  
**Transaction ID : SA11A.26743**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00  
**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 9 OF 73
	<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)  
**E-PAC**

**A. KEMP, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4616 30TH STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20008-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JACK KEMP FOUNDATION Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019  
**Transaction ID : SA11A.27190**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. LEHMAN, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 RUSSELL ROAD  
 City ALEXANDRIA State VA Zip Code 22305-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOLLAND & KNIGHT Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019  
**Transaction ID : SA11A.27194**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 659.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11C.9026789**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 73
(check only one)	
<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)  
**E-PAC**

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

Mailing Address **6405 TREE TOP CIRCLE**

City <b>COLUMBIA</b>	State <b>MD</b>	Zip Code <b>21045-2895</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>THE KUTLER GROUP</b>	Occupation (for Individual) <b>LOBBYIST/CONSULTANT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1583.34**

Date of Receipt  
**12 / 31 / 2019**

**Transaction ID : SA11A.90268**

Amount of Each Receipt this Period  
**83.34**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>83.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>10883.34</b>

**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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. GARRETT GRAVES FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 64845

City BATON ROUGE	State LA	Zip Code 70896-4845
FEC ID number of contributing federal political committee. <b>C</b> C00558486		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2019  
**Transaction ID : SA11C.23718**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. LEIDOS INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 301 LABORATORY ROAD

City OAK RIDGE	State TN	Zip Code 37830-6912
FEC ID number of contributing federal political committee. <b>C</b> C00546234		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2019  
**Transaction ID : SA11C.23720**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. THE HOME DEPOT INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1155 F STREET, NORTHWEST  
SUITE 400

City WASHINGTON	State DC	Zip Code 20004-1346
FEC ID number of contributing federal political committee. <b>C</b> C00284885		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2019  
**Transaction ID : SA11C.23719**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. INDEPENDENT COMMUNITY BANKERS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1615 L STREET, NORTHWEST  
SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2019

**Transaction ID : SA11C.23742**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. BRADY FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387-8277

FEC ID number of contributing federal political committee. **C** C00311043

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2019

**Transaction ID : SA11C.24884**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. DELOITTE FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2019

**Transaction ID : SA11C.24882**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 183

City ANOKA	State MN	Zip Code 55303-0183
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00592089

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11C.24883**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. GENERAL MOTORS COMPANY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 25 MASSACHUSETTS AVENUE, NORTHWEST SUITE 400

City WASHINGTON	State DC	Zip Code 20001-1427
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00076810

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11C.24886**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. MAKING AMERICA PROSPEROUS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00445379

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11C.24885**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SIERRA NEVADA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 50193

City SPARKS	State NV	Zip Code 89435-0193
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00367995

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11C.24880**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. THE FREEDOM PROJECT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 320 FIRST STREET SOUTHEAST

City WASHINGTON	State DC	Zip Code 20003-1838
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FEC ID number of contributing federal political committee. **C** C00305805

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11C.24888**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NEW YORK LIFE INSURANCE COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 51 MADISON AVENUE  
ROOM 1109

City NEW YORK	State NY	Zip Code 10010-1603
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00158881

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

**Transaction ID : SA11C.25110**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. AMERICAN HOTEL & LODGING PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 NEW YORK AVENUE, NORTHWEST  
SIXTH FLOOR

City WASHINGTON	State DC	Zip Code 20005-3917
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00001198

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

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2019

**Transaction ID : SA11C.25269**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1101 PENNSYLVANIA AVENUE NORTHWEST  
SUITE 200

City WASHINGTON	State DC	Zip Code 20004-2514
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034405

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2019

**Transaction ID : SA11C.25268**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. THE BOEING COMPANY POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 WILSON BOULEVARD

City ARLINGTON	State VA	Zip Code 22209-2305
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00142711

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

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2019

**Transaction ID : SA11C.25267**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. INNOVATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 S WASHINGTON ST STE 115  
 City ALEXANDRIA State VA Zip Code 22314-5404  
 FEC ID number of contributing federal political committee. **C** C00540187  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 13 / 2019  
**Transaction ID : SA11C.25351**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. FRIENDS OF BUCK MCKEON**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 BRACEY LANE  
 City ALEXANDRIA State VA Zip Code 22314-6246  
 FEC ID number of contributing federal political committee. **C** C00258244  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11C.25493**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN BANKERS ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 CONNECTICUT AVENUE NORTHWEST  
 City WASHINGTON State DC Zip Code 20036-3902  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11C.25687**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. COMMON SENSE COMMON SOLUTIONS**

Mailing Address 901 NORTH WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00345058

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2019

**Transaction ID : SA11C.25689**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. EMPLOYEES OF NORTHROP GRUMMAN CORP PAC (ENGPAC)**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2019

**Transaction ID : SA11C.25494**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. GAP INC. POLITICAL ACTION COMMITTEE; THE**

Mailing Address 2 FOLSOM STREET  
13TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105-1205

FEC ID number of contributing federal political committee. **C** C00257246

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2019

**Transaction ID : SA11C.25751**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00

**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 18 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA PAC**

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

Mailing Address 905 16TH STREET NORTHWEST

City WASHINGTON	State DC	Zip Code 20006-1703
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FEC ID number of contributing federal political committee. **C** C00007922

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : SA11C.25686**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. NATIONAL ASSOCIATION OF REALTORS PAC**

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

Mailing Address 430 MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : SA11C.25688**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NEW PIONEERS PAC**

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

Mailing Address 228 SOUTH WASHINGTON STREET  
SUITE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00459123

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : SA11C.25691**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 19 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 805 15TH STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20005-2207  
 FEC ID number of contributing federal political committee. **C** C00147173  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **09 / 30 / 2019**  
**Transaction ID : SA11C.25690**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. CAPITAL ONE FINANCIAL CORP PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1680 CAPITAL ONE DRIVE ATTENTION: 12067-1600  
 City MCLEAN State VA Zip Code 22102-3407  
 FEC ID number of contributing federal political committee. **C** C00326595  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 30 / 2019**  
**Transaction ID : SA11C.25878**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. FRATERNITY AND SORORITY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 40383  
 City WASHINGTON State DC Zip Code 20016-0383  
 FEC ID number of contributing federal political committee. **C** C00410068  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 30 / 2019**  
**Transaction ID : SA11C.25879**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

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

**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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

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

Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST  
SUITE 800 NORTH BUILDING

City WASHINGTON State DC Zip Code 20004-2710

FEC ID number of contributing federal political committee. **C** C00361758

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2019

**Transaction ID : SA11C.25880**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TEXANS FOR JODEY ARRINGTON**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6687

City LUBBOCK State TX Zip Code 79493-6687

FEC ID number of contributing federal political committee. **C** C00588657

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2019

**Transaction ID : SA11C.26307**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN SECURITY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 167 WEST MANOR LANE

City ALEXANDRIA State AL Zip Code 36250-6406

FEC ID number of contributing federal political committee. **C** C00439521

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11C.27192**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00

**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 21 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. COWBOY PAC**

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

Mailing Address 3465 N PINES WAY SUITE 104

City WILSON	State WY	Zip Code 83014-9129
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FEC ID number of contributing federal political committee. **C** C00638130

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

**Transaction ID : SA11C.27193**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. DELTA AIR LINES POLITICAL ACTION COMMITTEE**

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

Mailing Address 1212 NEW YORK AVENUE NORTHWEST SUITE 200

City WASHINGTON	State DC	Zip Code 20005-6609
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00104802

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

**Transaction ID : SA11C.27195**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**

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

Mailing Address 1775 EYE STREET NORTHWEST SUITE1100

City WASHINGTON	State DC	Zip Code 20006-2424
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FEC ID number of contributing federal political committee. **C** C00130773

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

**Transaction ID : SA11C.27196**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

**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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. NATIONAL EMERGENCY MEDICINE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 619911

City DALLAS	State TX	Zip Code 75261-9911
FEC ID number of contributing federal political committee. <b>C</b> C00140061		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2019  
**Transaction ID : SA11C.44369**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. COUNCIL OF INSURANCE AGENTS & BROKERS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 701 PENNSYLVANIA AVENUE NORTHWEST  
SUITE 750

City WASHINGTON	State DC	Zip Code 20004-2661
FEC ID number of contributing federal political committee. <b>C</b> C00039578		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2019  
**Transaction ID : SA11C.75798**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. FARMERS INSURANCE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2350 KERNER BOULEVARD  
SUITE 250

City SAN RAFAEL	State CA	Zip Code 94901-5596
FEC ID number of contributing federal political committee. <b>C</b> C00135681		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2019  
**Transaction ID : SA11C.75803**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FRATERNITY AND SORORITY PAC**

Mailing Address P.O. BOX 40383

City WASHINGTON	State DC	Zip Code 20016-0383
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00410068

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2019

**Transaction ID : SA11C.75799**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA INC PAC (I**

Mailing Address 20 F STREET NORTHWEST  
SUITE 610

City WASHINGTON	State DC	Zip Code 20001-6707
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00022343

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2019

**Transaction ID : SA11C.75797**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. INNOVATION POLITICAL ACTION COMMITTEE**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00540187

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2019

**Transaction ID : SA11C.75802**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. JEWELERS OF AMERICA, INC. PAC (JAPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 BROADWAY, SUITE 2820  
 City NEW YORK State NY Zip Code 10271-2802  
 FEC ID number of contributing federal political committee. **C** C00333666  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2019  
**Transaction ID : SA11C.75796**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. LEADERSHIP FOR AMERICA TODAY TOMORROW AND ALWAYS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9856 ARCHER LANE  
 City DUBLIN State OH Zip Code 43017-8914  
 FEC ID number of contributing federal political committee. **C** C00485540  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2019  
**Transaction ID : SA11C.75801**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 SAIC DRIVE  
 City MCLEAN State VA Zip Code 22102-3702  
 FEC ID number of contributing federal political committee. **C** C00300418  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2019  
**Transaction ID : SA11C.75800**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 25 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BOSTON SCIENTIFIC CORP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 300 BOSTON SCIENTIFIC WAY

City MARLBOROUGH	State MA	Zip Code 01752-1291
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00357863

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.83847**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. FRATERNITY AND SORORITY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 40383

City WASHINGTON	State DC	Zip Code 20016-0383
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00410068

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.82741**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	130000.00

**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 26 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**E-PAC**

**A. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
53350.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2019  
**Transaction ID : SA12.25355**

Amount of Each Receipt this Period  
5650.05

Memo Item  
TRANSFER

**B. CARD, ANDREW, H., , JR..**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10 MEETINGHOUSE ROAD

City JAFFREY	State NH	Zip Code 03452-5126
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2019  
**Transaction ID : SA.23717.3.0010**

Amount of Each Receipt this Period  
2500.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**C. SABIN, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 300 PANTIGO PLACE

City EAST HAMPTON	State NY	Zip Code 11937-2684
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
SABIN METAL CORPORATION CHAIRMAN

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  
08 / 16 / 2019  
**Transaction ID : SA.25109.3.0010**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5650.05
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**E-PAC**

**A. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
53350.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019  
**Transaction ID : SA12.25747**

Amount of Each Receipt this Period  
4279.28

Memo Item  
TRANSFER

**B. TAYLOR, CATHERINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5600 WEST LOVERS LANE  
SUITE 116-386

City DALLAS	State TX	Zip Code 75209-4360
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
SELF INVESTOR/FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
643.31

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2019  
**Transaction ID : SA.25711.3.0011**

Amount of Each Receipt this Period  
643.31

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**C. WILSON, HARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 36 GARDEN ROAD

City SCARSDALE	State NY	Zip Code 10583-2106
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
MAEVA GROUP, LLC TURNAROUND EXECUTIVE

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  
09 / 30 / 2019  
**Transaction ID : SA.25595.3.0011**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4279.28
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**E-PAC**

**A. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
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FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
53350.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2019  
**Transaction ID : SA12.83846**

Amount of Each Receipt this Period  
14112.19

Memo Item  
TRANSFER

**B. BERNARD, PAUL, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10 HOLLAND PARK

City SINGAPORE	State ZZ	Zip Code 24768-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
TTS ADVISORS PTE LTD CONSULTANT

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 / 24 / 2019  
**Transaction ID : SA.25819.3.0012**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**C. BHISE, BHARAT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 151 E 58TH STREET

City NEW YORK	State NY	Zip Code 10022-1287
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
BRAVIA CAPITAL PARTNERS INC CEO

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  
11 / 12 / 2019  
**Transaction ID : SA.26206.3.0012**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14112.19
<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 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**E-PAC**

**A. GROFF, SUSAN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9832 CALVIN AVENUE  
 City NORTHRIDGE State CA Zip Code 91324-1619  
 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 ▼ 1838.47

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2019  
**Transaction ID : SA.27080.3.0012**  
 Amount of Each Receipt this Period  
 1838.47  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. MASSEY, MICHAEL, HOLT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 MERRIMAC STREET  
 City BOSTON State MA Zip Code 02114-4728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MASSEY & CO LLC Occupation (for Individual) REAL ESTATE INVESTMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019  
**Transaction ID : SA.75793.3.0012**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24041.52

**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)  
**E-PAC**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4573

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. ANDERSON, MADISON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 82 I STREET SE APT 1009

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4653

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period: 24.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 539.60

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address PO BOX 365		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4591</b> Amount of Each Disbursement this Period [ ] 1100.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WHEELERHOUSE LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address 415 WARNER STREET NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4628</b> Amount of Each Disbursement this Period [ ] 3316.58
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement FINANCE CONSULTING/TRAVEL/FOOD/BEVERAGES		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. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2019
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4574</b> Amount of Each Disbursement this Period [ ] 2.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4418.58
<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)  
**E-PAC**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4611

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. LILLY & COMPANY LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1005 CONGRESS AVE SUITE 400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4620

Amount of Each Disbursement this Period: 50.00

Memo Item

**C. WHEELERHOUSE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 415 WARNER STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4621

Amount of Each Disbursement this Period: 4399.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4699.50

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4575

Amount of Each Disbursement this Period: 2.00

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4600

Amount of Each Disbursement this Period: 24.60

Memo Item

**C. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4629

Amount of Each Disbursement this Period: 73.08

Memo Item

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

99.68

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4630</b> Amount of Each Disbursement this Period [REDACTED] 68.85
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4631</b> Amount of Each Disbursement this Period [REDACTED] 24.40
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		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. INTUIT</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2019
Mailing Address 2700 COAST AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4656</b> Amount of Each Disbursement this Period [REDACTED] 40.00
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTIONS		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] 133.25
<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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4632</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Amount of Each Disbursement this Period [REDACTED] 21.85
Candidate Name		<input type="checkbox"/> Memo Item
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. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4633</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Amount of Each Disbursement this Period [REDACTED] 9.20
Candidate Name		<input type="checkbox"/> Memo Item
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. ANDERSON, MADISON, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2019
Mailing Address 82 I STREET SE APT 1009		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4647</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	[REDACTED] 531.05
<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)  
**E-PAC**

**A. AMERICAN VIEWPOINT INC**

Full Name (Last, First, Middle Initial)

Mailing Address 1199 NORTH FAIRFAX STREET SUITE 80

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4662

Amount of Each Disbursement this Period: 49700.00

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4576

Amount of Each Disbursement this Period: 15.00

Memo Item

**C. WHEELERHOUSE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 415 WARNER STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4626

Amount of Each Disbursement this Period: 2064.18

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 51779.18

**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)  
**E-PAC**

**A. HEINTZ, KATHARINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 GRACE AVENUE

City PLATTSBURGH State NY Zip Code 12801

Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4572

Amount of Each Disbursement this Period: 588.00

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4577

Amount of Each Disbursement this Period: 2.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4612

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 840.00

**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)  
**E-PAC**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 13 / 2019

FEC Identification Number C

Transaction ID : SB21B.4601

Amount of Each Disbursement this Period 201.94

Memo Item

**B. SIRO'S RESTAURANT**

Full Name (Last, First, Middle Initial)

Mailing Address 168 LINCOLN AVE

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 13 / 2019

FEC Identification Number C

Transaction ID : SB21B.4634

Amount of Each Disbursement this Period 65.00

Memo Item

**C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 15 / 2019

FEC Identification Number C

Transaction ID : SB21B.4592

Amount of Each Disbursement this Period 550.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 816.94

**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)  
**E-PAC**

**A. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4657

Amount of Each Disbursement this Period: 40.00

Memo Item

**B. ANDERSON, MADISON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 82 I STREET SE APT 1009

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4648

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4578

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 555.00

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. GENERAL DYNAMICS</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 2941 FAIRVIEW PARK DRIVE SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4619</b> Amount of Each Disbursement this Period [REDACTED] 200.00
City FALLS CHURCH	State VA	Zip Code 22042
Purpose of Disbursement FACILITY RENTAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4579</b> Amount of Each Disbursement this Period [REDACTED] 1.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK 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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WHEELERHOUSE LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2019
Mailing Address 415 WARNER STREET NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4624</b> Amount of Each Disbursement this Period [REDACTED] 7733.93
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement FINANCE CONSULTING/FOOD/BEVERAGES/TRAVEL		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	

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

7934.93

**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)  
**E-PAC**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4580

Amount of Each Disbursement this Period: 1.00

Memo Item

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4593

Amount of Each Disbursement this Period: 550.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4613

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 801.00

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. SANTA ROSA TAQUERIA</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2019	
Mailing Address 313 PENNSYLVANIA AVENUE SE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4635</b> Amount of Each Disbursement this Period [ ] 44.44	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type [ ]
Purpose of Disbursement FOOD/BEVERAGES		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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. HEINTZ, KATHARINE, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2019	
Mailing Address 7 GRACE AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4567</b> Amount of Each Disbursement this Period [ ] 510.00	
City PLATTSBURGH	State NY	Zip Code 12801	Category/ Type [ ]
Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES		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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2019	
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4602</b> Amount of Each Disbursement this Period [ ] 20.30	
City DALLAS	State TX	Zip Code 75201	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD MERCHANT FEE		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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 574.74
<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)  
**E-PAC**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	9

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4658**

Amount of Each Disbursement this Period

[ ] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 110 CALLAHAN DRIVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	9

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4664**

Amount of Each Disbursement this Period

[ ] 28.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DRIVE

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	9

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4663**

Amount of Each Disbursement this Period

[ ] 583.97

Memo Item

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

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

[ ] 651.97

[ ]

**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)  
**E-PAC**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4581

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. ENTERPRISE RENTAL CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4666

Amount of Each Disbursement this Period: 490.71

Memo Item

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 16 HUDSON AVENUE

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4665

Amount of Each Disbursement this Period: 220.00

Memo Item

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

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

725.71

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4636</b> Amount of Each Disbursement this Period 94.95
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		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. COMFORT SUITES HILL LAKE GEORGE</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2019
Mailing Address 1533 STATE ROUTE 9		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4667</b> Amount of Each Disbursement this Period 306.36
City LAKE GEORGE	State NY	Zip Code 12845
Purpose of Disbursement TRAVEL		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. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4637</b> Amount of Each Disbursement this Period 90.55
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		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).....▶	491.86
<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)  
**E-PAC**

**A. ANDERSON, MADISON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 82 I STREET SE APT 1009

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4650

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. DEGRASSE, ALEXANDER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 644 MASSACHUSETTS AVE NE APT 300

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4649

Amount of Each Disbursement this Period: 4000.00

Memo Item

**C. THE PROSPER GROUP INC**

Full Name (Last, First, Middle Initial)

Mailing Address 150 WEST MARKET STREET

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. WHEELERHOUSE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 08 / 2019	
Mailing Address 415 WARNER STREET NW			
City WASHINGTON	State DC	Zip Code 20001	
Purpose of Disbursement FINANCE CONSULTING/FOOD/BEVERAGES/TRAVEL		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : <b>SB21B.4625</b> Amount of Each Disbursement this Period [REDACTED] 2689.80	
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. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 09 / 2019	
Mailing Address 110 CALLAHAN DRIVE			
City ALEXANDRIA	State VA	Zip Code 22301	
Purpose of Disbursement TRAVEL		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : <b>SB21B.4668</b> Amount of Each Disbursement this Period [REDACTED] 279.00	
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. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 09 / 2019	
Mailing Address 2200 WILSON BLVD SUITE 100			
City ARLINGTON	State VA	Zip Code 22201	
Purpose of Disbursement BANK FEES		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : <b>SB21B.4582</b> Amount of Each Disbursement this Period [REDACTED] 4.00	
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] 2972.80
<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)  
**E-PAC**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4614**

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. HEINTZ, KATHARINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 GRACE AVENUE

City PLATTSBURGH State NY Zip Code 12801

Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4568**

Amount of Each Disbursement this Period: 561.00

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4603**

Amount of Each Disbursement this Period: 0.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 811.70

**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)  
**E-PAC**

**A. COMPASS COFFEE**

Full Name (Last, First, Middle Initial)

Mailing Address 650 F STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4638

Amount of Each Disbursement this Period: 3.57

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4604

Amount of Each Disbursement this Period: 4.30

Memo Item

**C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4594

Amount of Each Disbursement this Period: 550.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 557.87

**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)  
**E-PAC**

**A. WHEELERHOUSE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 415 WARNER STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4622

Amount of Each Disbursement this Period: 5638.50

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4583

Amount of Each Disbursement this Period: 1.00

Memo Item

**C. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4639

Amount of Each Disbursement this Period: 79.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5718.94

**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)  
**E-PAC**

**A. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 3301 RICHMOND HWY

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4646

Amount of Each Disbursement this Period: 288.11

Memo Item

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4640

Amount of Each Disbursement this Period: 41.70

Memo Item

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4669

Amount of Each Disbursement this Period: 127.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 457.41

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	9		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.4659**

Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	9		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.4605**

Amount of Each Disbursement this Period

[REDACTED] 86.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON MEMPHIS**

Mailing Address 939 RIDGE LAKE BLVD

City  
MEMPHIS

State  
TN

Zip Code  
38120

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	9		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.4670**

Amount of Each Disbursement this Period

[REDACTED] 187.88

Memo Item

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

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

[REDACTED] 314.48

[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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. THE PROSPER GROUP INC</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2019
Mailing Address 150 WEST MARKET STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4618</b> Amount of Each Disbursement this Period 1000.00
City INDIANAPOLIS	State IN	Zip Code 46204
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2019
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4584</b> Amount of Each Disbursement this Period 1.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4641</b> Amount of Each Disbursement this Period 63.83
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

1064.83

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4642</b> Amount of Each Disbursement this Period 81.58
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4585</b> Amount of Each Disbursement this Period 15.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK 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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANDERSON, MADISON, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2019
Mailing Address 82 I STREET SE APT 1009		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4651</b> Amount of Each Disbursement this Period 500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		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).....▶	596.58
<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)  
**E-PAC**

**A. HEINTZ, KATHARINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 GRACE AVENUE

City PLATTSBURGH State NY Zip Code 12801

Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4569

Amount of Each Disbursement this Period: 799.00

Memo Item

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4595

Amount of Each Disbursement this Period: 550.00

Memo Item

**C. WHEELERHOUSE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 415 WARNER STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FINANCE CONSULTING/FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4623

Amount of Each Disbursement this Period: 2025.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3374.35

**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)  
**E-PAC**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4586

Amount of Each Disbursement this Period: 2.00

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4606

Amount of Each Disbursement this Period: 17.91

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4615

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 269.91

**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)  
**E-PAC**

**A. RED MAVERICK MEDIA**

Full Name (Last, First, Middle Initial)

Mailing Address 1426 N. 3RD STREET SUITE 310

City HARRISBURG State PA Zip Code 17102

Purpose of Disbursement COLLATERAL MATERIALS- BAGS/CUPS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4590

Amount of Each Disbursement this Period: 3928.00

Memo Item

**B. CAPITOL LOUNGE**

Full Name (Last, First, Middle Initial)

Mailing Address 229 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4643

Amount of Each Disbursement this Period: 220.70

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 715 D STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4655

Amount of Each Disbursement this Period: 1172.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5320.98

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2019
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4607</b>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period [REDACTED] 31.90
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4608</b>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period [REDACTED] 11.62
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 2700 COAST AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4660</b>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTIONS		Amount of Each Disbursement this Period [REDACTED] 40.00
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 83.52
<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)  
**E-PAC**

**A. ANDERSON, MADISON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 82 I STREET SE APT 1009

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4652

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4587

Amount of Each Disbursement this Period: 15.00

Memo Item

**C. GOOGLE**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4671

Amount of Each Disbursement this Period: 11.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 526.40

**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)  
**E-PAC**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4609

Amount of Each Disbursement this Period: 19.30

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4588

Amount of Each Disbursement this Period: 1.00

Memo Item

**C. HEINTZ, KATHARINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 GRACE AVENUE

City PLATTSBURGH State NY Zip Code 12801

Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4571

Amount of Each Disbursement this Period: 612.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 632.30

**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)  
**E-PAC**

**A. ZELLER, CHRISTOPHER, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 210 WOODLAND STREET

City SOUTH GLASTONBURY State CT Zip Code 06073

Purpose of Disbursement ADMINISTRATIVE/FINANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4570

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period: 29.05

Memo Item

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 16 HUDSON AVENUE

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4654

Amount of Each Disbursement this Period: 102.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 631.15

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. WHEELERHOUSE LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019	
Mailing Address 415 WARNER STREET NW			
City WASHINGTON	State DC	Zip Code 20001	
Purpose of Disbursement FINANCE CONSULTING/TRAVEL		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:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.4627</b> Amount of Each Disbursement this Period 2048.07		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2019	
Mailing Address 2200 WILSON BLVD SUITE 100			
City ARLINGTON	State VA	Zip Code 22201	
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.4589</b> Amount of Each Disbursement this Period 1.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GODADDY.COM</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2019	
Mailing Address 14455 N. HAYDEN ROAD SUITE 226			
City SCOTTSDALE	State AZ	Zip Code 85260	
Purpose of Disbursement WEB SERVICE		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:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.4672</b> Amount of Each Disbursement this Period 36.92		
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2085.99
<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)  
**E-PAC**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4610

Amount of Each Disbursement this Period: 0.71

Memo Item

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4644

Amount of Each Disbursement this Period: 33.60

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC/CREDIT CARD MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4616

Amount of Each Disbursement this Period: 258.25

Memo Item

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

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

292.56

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. TRUMP INTERNATIONAL HOTEL WASHINGTON</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019
Mailing Address 1100 PENNSYLVANIA AVE NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4645</b> Amount of Each Disbursement this Period 27.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement FOOD/BEVERAGES		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. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address PO BOX 365		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4596</b> Amount of Each Disbursement this Period 550.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE 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. INTUIT</b>		Date of Disbursement MM / DD / YYYY 12 / 26 / 2019
Mailing Address 2700 COAST AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4661</b> Amount of Each Disbursement this Period 40.00
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

617.00



# 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)  
**E-PAC**

**A. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4598

Amount of Each Disbursement this Period: 31.22

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	31.22
<b>TOTAL</b> This Period (last page this line number only).....▶	107452.98

**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 checked="" 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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. GREAT NEW YORK FUND</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019	
Mailing Address PO BOX 341027		FEC Identification Number C 000729400 <b>Transaction ID : SB22.4673</b>	
City AUSTIN	State TX	Zip Code 78734	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement TRANSFER- JFC ADVANCE EXPENSE		Category/ Type	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
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:		

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	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
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:		

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHELLE STEEL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2019
Mailing Address 92A SURFSIDE AVENUE #472		FEC Identification Number <b>C</b> C00704981 <b>Transaction ID : SB23.4686</b> Amount of Each Disbursement this Period 5000.00
City SURFSIDE	State CA	
Zip Code 90743	Purpose of Disbursement CONTRIBUTION	Memo Item <input type="checkbox"/>
Candidate Name <b>STEEL, MICHELLE, , ,</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 48	

Full Name (Last, First, Middle Initial) <b>B. AMANDA MAKKI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2019
Mailing Address PO BOX 47483		FEC Identification Number <b>C</b> C00708263 <b>Transaction ID : SB23.4687</b> Amount of Each Disbursement this Period 5000.00
City ST PETERSBURG	State FL	
Zip Code 33743	Purpose of Disbursement CONTRIBUTION	Memo Item <input type="checkbox"/>
Candidate Name <b>MAKKI, AMANDA, , ,</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 13	

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR TEXAS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2019
Mailing Address 6119A GREENVILLE AVE SUITE 423		FEC Identification Number <b>C</b> C00715235 <b>Transaction ID : SB23.4688</b> Amount of Each Disbursement this Period 5000.00
City DALLAS	State TX	
Zip Code 75206	Purpose of Disbursement CONTRIBUTION	Memo Item <input type="checkbox"/>
Candidate Name <b>COLLINS, GENEVIEVE, , ,</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 32	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 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)  
**E-PAC**

**A. SALAZAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 431332

M M M	/	D D D	/	Y Y Y Y Y
09		23		2019

City MIAMI State FL Zip Code 33243

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00714261
---	-----------

Candidate Name  
**SALAZAR, MARIA, , ,**

Category/  
Type

**Transaction ID : SB23.4689**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: FL District: 27

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

5000.00
---------

Memo Item

**B. BETH VAN DUYNE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 630167

M M M	/	D D D	/	Y Y Y Y Y
10		09		2019

City IRVING State TX Zip Code 75063

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00714865
---	-----------

Candidate Name  
**DUYNE, ELIZABETH, VAN, , ,**

Category/  
Type

**Transaction ID : SB23.4690**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: TX District: 24

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

5000.00
---------

Memo Item

**C. FISCHBACH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 190

M M M	/	D D D	/	Y Y Y Y Y
10		09		2019

City LITCHFIELD State MN Zip Code 55355

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00717959
---	-----------

Candidate Name  
**FISCHBACH, MICHELLE, , ,**

Category/  
Type

**Transaction ID : SB23.4691**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: MN District: 07

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

5000.00
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Memo Item

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

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

15000.00
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**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. WIN IN 2020</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2019
Mailing Address 320 FIRST STREET SE		FEC Identification Number C 000717363 <b>Transaction ID : SB23.4674</b> Amount of Each Disbursement this Period 45000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. ASHLEY HINSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019
Mailing Address PO BOX 811		FEC Identification Number C 000706267 <b>Transaction ID : SB23.4675</b> Amount of Each Disbursement this Period 5000.00
City MARION	State IA	Zip Code 52302
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>HINSON, ASHLEY, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. BETH VAN DUYNE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019
Mailing Address PO BOX 630167		FEC Identification Number C 000714865 <b>Transaction ID : SB23.4676</b> Amount of Each Disbursement this Period 5000.00
City IRVING	State TX	Zip Code 75063
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>DUYNE, ELIZABETH, VAN, ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 24	Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	55000.00
<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 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)  
**E-PAC**

**A. CHELE FARLEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 835

City TUXEDO State NY Zip Code 10987

Purpose of Disbursement CONTRIBUTION

Candidate Name FARLEY, CHELE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NY District: 18

Date of Disbursement: 11 / 11 / 2019

FEC Identification Number: C00701433  
Transaction ID : SB23.4677  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. COLLINS FOR TEXAS**

Full Name (Last, First, Middle Initial)  
Mailing Address 6119A GREENVILLE AVE SUITE 423

City DALLAS State TX Zip Code 75206

Purpose of Disbursement CONTRIBUTION

Candidate Name COLLINS, GENEVIEVE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 32

Date of Disbursement: 11 / 11 / 2019

FEC Identification Number: C00715235  
Transaction ID : SB23.4678  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. HANDEL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4010 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement CONTRIBUTION

Candidate Name HANDEL, KAREN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 06

Date of Disbursement: 11 / 11 / 2019

FEC Identification Number: C00633362  
Transaction ID : SB23.4679  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

**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 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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHELLE STEEL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019
Mailing Address 92A SURFSIDE AVENUE #472		FEC Identification Number C00704981 <b>Transaction ID : SB23.4681</b>
City SURFSIDE	State CA	Zip Code 90743
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>STEEL, MICHELLE, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 48	

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019
Mailing Address 295 SEVEN FARMS DRIVE STE C-186		FEC Identification Number C00710103 <b>Transaction ID : SB23.4682</b>
City CHARLESTON	State SC	Zip Code 29492
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>MACE, NANCY, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 01	

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019
Mailing Address 295 SEVEN FARMS DRIVE STE C-186		FEC Identification Number C00710103 <b>Transaction ID : SB23.4693</b>
City CHARLESTON	State SC	Zip Code 29492
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>MACE, NANCY, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 01	

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

15000.00

**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 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)  
**E-PAC**

Full Name (Last, First, Middle Initial)  
**A. NICOLE FOR NEW YORK**

Mailing Address PO BOX 60487

City: STATEN ISLAND State: NY Zip Code: 10306

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **MALLIOTAKIS, NICOLE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NY District: 11

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2019

FEC Identification Number

**C** C00694778

**Transaction ID : SB23.4683**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SALAZAR FOR CONGRESS**

Mailing Address PO BOX 431332

City: MIAMI State: FL Zip Code: 33243

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **SALAZAR, MARIA, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2019

FEC Identification Number

**C** C00714261

**Transaction ID : SB23.4680**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. YOUNG KIM FOR CONGRESS**

Mailing Address PO BOX 2186

City: FULLERTON State: CA Zip Code: 92837

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **KIM, YOUNG, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2019

FEC Identification Number

**C** C00665638

**Transaction ID : SB23.4684**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00



**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 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)  
**E-PAC**

**A. AMANDA MAKKI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 47483

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

City ST PETERSBURG State FL Zip Code 33743

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	C00708263
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Candidate Name  
**MAKKI, AMANDA, , ,**

Category/Type

**Transaction ID : SB23.4685**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: FL District: 13

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

5000.00
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Memo Item

**B. JONI FOR IOWA**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 93441

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

City DES MOINES State IA Zip Code 50393

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	C00546788
---	-----------

Candidate Name  
**ERNST, JONI, , ,**

Category/Type

**Transaction ID : SB23.4692**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: IA District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify)

5000.00
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Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y
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City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
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Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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Memo Item

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

140000.00
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