

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00635243 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52055.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70757.62"/>	<input type="text" value="725483.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122813.31"/>	<input type="text" value="725483.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="74485.24"/>	<input type="text" value="677155.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48328.07"/>	<input type="text" value="48328.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="33209.13"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

Report Covering the Period: From: 11 / 23 / 2017 To: 01 / 01 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29784.00	248586.35
(ii) Unitemized	27451.96	212500.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	57235.96	461086.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	57235.96	461086.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	171790.85
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13521.66	92605.51
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)).....▶	70757.62	725483.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70757.62	725483.24

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	53664.24	505027.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	53664.24	505027.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20821.00	171627.34
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	500.00
(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	500.00
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)) ..	74485.24	677155.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74485.24	677155.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57235.96	461086.88
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57235.96	460586.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	53664.24	505027.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53664.24	505027.83

**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 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. BAKER, FREDERICK, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 LILAC ST

City MANCHESTER	State CT	Zip Code 06040-3933
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : AD7B137E8C799408D995

Amount of Each Receipt this Period
100.00

Memo Item

B. AANERUD, JAMES, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51939 - 150TH ST
PO BOX 157

City DONNELLY	State MN	Zip Code 56235
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RET FARMER
----------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A2627DAF525EB43DD8E3

Amount of Each Receipt this Period
338.00

Memo Item

C. DICKSON, SUE, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 KEY HARBOR DR

City SAFETY HARBOR	State FL	Zip Code 34695
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SDSTT.COM	Occupation (for Individual) EDUCURRDESIGN
------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A00B33BE9DE6F4FC395C

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1438.00
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 7 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BAXTER, JOHN, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 295

City INDEPENDENCE	State CA	Zip Code 93526-0295
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A6F3C5237B4064466B02

Amount of Each Receipt this Period
20.00

Memo Item

B. KONKEL, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3203 STATE HIGHWAY 17

City PHELPS	State WI	Zip Code 54554
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : AE7F669E659964D4B8CC

Amount of Each Receipt this Period
50.00

Memo Item

C. BARRY, THOMAS, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 MOUNT OLYMPUS BLVD

City NEW SMYRNA BEACH	State FL	Zip Code 32166-2416
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A9150E46A45834371951

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. SMITH, S, LEE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1154 HARVEST GLEN DR NW
 City CLEVELAND State TN Zip Code 37312-6361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U S POSTAL SERVICE Occupation (for Individual) CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AC3FD78F009A8452FA7C
 Amount of Each Receipt this Period 200.00
 Memo Item

B. ENGLAND, ALLENE, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4820 S LIPAN ST
 City ENGLEWOOD State CO Zip Code 80110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A6AEE177690E64507BD9
 Amount of Each Receipt this Period 200.00
 Memo Item

C. FIDDAMENT, DAVID, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 275
 City MILFORD State CA Zip Code 96121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CALIFORNIA HIGHWAY Occupation (for Individual) RET TRUCK DRIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A3F259A34A6424BA894B
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GAULTNEY, JOAN, P, MRS.,

Mailing Address 33380 TUCKAHOE RIVER RD

City EASTON	State MD	Zip Code 21601-6748
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : AE86E9DBC113A402987A

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PALMER, DONALD, , MR,

Mailing Address 4704 CAMBRIDGE CT

City LAKE OSWEGO	State OR	Zip Code 97035-5386
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A66350DAC29C24844AF8

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. KING, ARTHA, , MS.,

Mailing Address 61 W 29TH PL
APT 4308

City EUGENE	State OR	Zip Code 97405-5114
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : A0D725CB18DA14E7A82E

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. RITCH, PHILIP, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 KALUAMOO ST

City KAILUA	State HI	Zip Code 96734-2144
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2017

Transaction ID : A13FC2497351C4CF4B6A

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 19330 BEAUFAIN ST

City CORNELIUS	State NC	Zip Code 28031-5531
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2017

Transaction ID : AEEBF7EFAA3854846A1D

Amount of Each Receipt this Period
300.00

Memo Item

C. SPICER, MARY, MCCANN, MS., MSN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 611

City LEWES	State DE	Zip Code 19958-0611
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2017

Transaction ID : AE0FEE0B443904EEFBF0

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PRIERES, NORDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 632 SW 13TH AVE
 City MIAMI State FL Zip Code 33135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AA3D7FE848CEA4F71B14
 Amount of Each Receipt this Period 300.00
 Memo Item

B. KELTON, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 SHEFFIELD DR
 City FORT COLLINS State CO Zip Code 80526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AE92FFBFCFC070401EB8B
 Amount of Each Receipt this Period 150.00
 Memo Item

C. MAHONEY, EDWARD, A, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8445 FOXGLOVE AVE NW
 City CLINTON State OH Zip Code 44216-9502
 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 ▼ 3700.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A0C05BB8B0936473DA30
 Amount of Each Receipt this Period 700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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:	PAGE 12 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MAHONEY, EDWARD, A, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8445 FOXGLOVE AVE NW
 City CLINTON State OH Zip Code 44216-9502
 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 ▼ 3700.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AF5CC0BBEDBC44063A73
 Amount of Each Receipt this Period 700.00
 Memo Item

B. SIPES, ANTOINETTE, M, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1271 ARLINGTON WAY
 City BRENTWOOD State CA Zip Code 94513-2982
 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 ▼ 215.00

Date of Receipt 11 / 29 / 2017
Transaction ID : A22D31977B8EE4318BA2
 Amount of Each Receipt this Period 50.00
 Memo Item

C. ROSEMA, CARL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10934 PORTAGE RD
 City PORTAGE State MI Zip Code 49002-7309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 29 / 2017
Transaction ID : ACAA25F47F7794B14A30
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILSON, ROBERT, I, MR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9275
 City PEORIA State IL Zip Code 61612-9275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 29 / 2017
Transaction ID : A72E3618D02334D139FF
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BERNHOFT, EDWARD, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3276 TOPAZ LN
 City CAMERON PARK State CA Zip Code 95682-8514
 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 ▼ 375.00

Date of Receipt 11 / 29 / 2017
Transaction ID : A70A1B895734846F1A09
 Amount of Each Receipt this Period 75.00
 Memo Item

C. DAMON, CAROLYN, J, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 791719
 City PAIA State HI Zip Code 96779-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 29 / 2017
Transaction ID : A574E0EBF79DD4B0DBF3
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 14 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HENDERSON, SHIRLEY, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2050 BEAVERCREEK RD
 STE 101-307
 City OREGON CITY State OR Zip Code 97045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2017
Transaction ID : AFD9C124F99FB42959F8
 Amount of Each Receipt this Period 150.00
 Memo Item

B. SZAFAROWICZ, EUGENE, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PSC 76 BOX 2664
 City APO State AP Zip Code 96319-0005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAFES Occupation (for Individual) RETAIL SHIFT MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 29 / 2017
Transaction ID : A05878A11FFFD4A448DA
 Amount of Each Receipt this Period 200.00
 Memo Item

C. BASTIAN, DOLORES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13551 BASTIAN RD
 City HINCKLEY State IL Zip Code 60520-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2017
Transaction ID : A3432763237164E208F4
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 15 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRANDT, JOHN, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2129 12TH AVE E
 City HIBBING State MN Zip Code 55746-1836
 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 ▼ 330.00

Date of Receipt 11 / 30 / 2017
Transaction ID : A2086EF82BBCC4791B75
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DILL, WALTER, S, MR, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 JONATHON PL
 City ESCONDIDO State CA Zip Code 92027-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN RET Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 30 / 2017
Transaction ID : A693DE02FE8544768A43
 Amount of Each Receipt this Period 50.00
 Memo Item

C. SHEPHERD, BARRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 60TH AVE SE
 City ROCHESTER State MN Zip Code 55904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IBM Occupation (for Individual) ELECT ENG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 01 / 2017
Transaction ID : AD4B7A2C83A474729934
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 16 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BASTIAN, DOLORES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13551 BASTIAN RD
 City HINCKLEY State IL Zip Code 60520-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 01 / 2017
Transaction ID : AF7048C69826C46F3BDE
 Amount of Each Receipt this Period 25.00
 Memo Item

B. DUNN, WILLIAM, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41964 ELSMERE RD
 City AINSWORTH State NE Zip Code 69210-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER- RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 12 / 01 / 2017
Transaction ID : A3E59ACF9E9234936ABD
 Amount of Each Receipt this Period 500.00
 Memo Item

C. JONES, JOYCE, E, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 NE TRILEIN DR
 City ANKENY State IA Zip Code 50021-4510
 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 ▼ 215.00

Date of Receipt 12 / 01 / 2017
Transaction ID : A5F21138415C9422DB07
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 17 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STRASSBURG, ALTA, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 YUMA LN N

City PLYMOUTH	State MN	Zip Code 55447
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2017

Transaction ID : A8952C0E993BA4B10856

Amount of Each Receipt this Period
35.00

Memo Item

B. SZAFAROWICZ, EUGENE, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PSC 76 BOX 2664

City APO	State AP	Zip Code 96319-0005
-------------	-------------	------------------------

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

Name of Employer (for Individual) AAFES	Occupation (for Individual) RETAIL SHIFT MG
--------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

Transaction ID : A59D7678A7F734062BB4

Amount of Each Receipt this Period
100.00

Memo Item

C. CARUSO, JOEY, W, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 METAIRIE HEIGHTS AVE

City METAIRIE	State LA	Zip Code 70002
------------------	-------------	-------------------

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 ▼
305.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

Transaction ID : A91D5EE7B448E476FAF0

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. AVERILL, JANET, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 ENCANADA DR
 City LA HABRA HEIGHTS State CA Zip Code 90631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 05 / 2017
Transaction ID : A4D7399C4058647768C2
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SAND, GINNY, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22720 CAVALIER ST
 City WOODLAND HILLS State CA Zip Code 91364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 05 / 2017
Transaction ID : A67D5682CE1B74B2FAA5
 Amount of Each Receipt this Period 75.00
 Memo Item

C. MEDDAUGH, TIMOTHY, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 STATE ROUTE 329
 City WATKINS GLEN State NY Zip Code 14891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMERSON ELECTRIC CO Occupation (for Individual) RET MACH DESIG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2017
Transaction ID : AC165F73FB32B4635BB6
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. COX, PHILIP, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4917 TENNESSEE AVE

City CHATTANOOGA	State TN	Zip Code 37409
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : AFF32302FD3564AA6985

Amount of Each Receipt this Period
50.00

Memo Item

B. BERNATCHEZ, ROBERT, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 MARK CIR

City RUTLAND	State MA	Zip Code 01543-1557
-----------------	-------------	------------------------

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 ▼
318.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : A15F918723F104357AE4

Amount of Each Receipt this Period
53.00

Memo Item

C. MCWHIRTER, DOROTHY, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BUCKSKIN RD

City BELL CANYON	State CA	Zip Code 91307-1123
---------------------	-------------	------------------------

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 ▼
645.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : A7804A18EA1F44040886

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	503.00
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 20 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TEETS, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 949 RIVER ST

City GASSAWAY	State WV	Zip Code 26624-1183
------------------	-------------	------------------------

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 ▼
306.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : A7EC4694B6DFC4F12A21

Amount of Each Receipt this Period
35.00

Memo Item

B. BURIANEK, BRUCE, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3010 QUINCANNON LN

City HOUSTON	State TX	Zip Code 77043-1201
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : A9BF261DD5DA14DFEA2B

Amount of Each Receipt this Period
260.00

Memo Item

C. BLOOMFIELD, JANET, A, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3878 MUSGROVE RD

City CHILLICOTHE	State OH	Zip Code 45601-9777
---------------------	-------------	------------------------

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

Name of Employer (for Individual) GENERAL ELECTRIC RET	Occupation (for Individual) RETIRED
-----------------------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
695.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : AAFD71495CCD2491284A

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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:	PAGE 21 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SCHLECHT, MICHAEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 E ROKIWAN RD

City JAMESTOWN	State ND	Zip Code 58401-7601
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : AD17289A7703049BC8D6

Amount of Each Receipt this Period
50.00

Memo Item

B. NEWELL, SHIRLEY, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 SUN LAKES BLVD
RM 201

City BANNING	State CA	Zip Code 92220
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : A1F6427B3BC884564B71

Amount of Each Receipt this Period
50.00

Memo Item

C. HEAL, EARL, , COL,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 SPRING LN

City VACAVILLE	State CA	Zip Code 95688-4200
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : ABE655967E7464E68A02

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HEAL, EARL, , COL,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 SPRING LN

City VACAVILLE	State CA	Zip Code 95688-4200
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : A9B92B9E6ED194078A46

Amount of Each Receipt this Period
100.00

Memo Item

B. DERR, BEVERLEY, G, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 BITLER RD

City MILLVILLE	State PA	Zip Code 17846-9265
-------------------	-------------	------------------------

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

Transaction ID : A49FDC10B5F0A4D36B5C

Amount of Each Receipt this Period
50.00

Memo Item

C. ROSEMA, CARL, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10934 PORTAGE RD

City PORTAGE	State MI	Zip Code 49002-7309
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : A2E9326BAA2224D0A804

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 23 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WHITT, MARGARET, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 HEATHERBROOK DR

City MURPHY	State TX	Zip Code 75094
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : A7BBC145EC36F42EDA8A

Amount of Each Receipt this Period
1000.00

Memo Item

B. ALTON, DUANE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE	State WA	Zip Code 99019-8531
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : AB0A68F9FCE8D46C4B18

Amount of Each Receipt this Period
100.00

Memo Item

C. SZAFAROWICZ, EUGENE, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PSC 76 BOX 2664

City APO	State AP	Zip Code 96319-0005
-------------	-------------	------------------------

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

Name of Employer (for Individual) AAFES	Occupation (for Individual) RETAIL SHIFT MG
--------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
785.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : AE07CE2E4C9534D4D8D4

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1135.00
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 24 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1901 POPLAR ST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : A6B1EE5D7EE28417BA36

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 107 HILLTOP RD

City BLOOMINGTON	State IL	Zip Code 61701
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : A1FDAA888A4FC402D9CC

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LESLIE, WILLIAM, F, MR,

Mailing Address 111 STARFLOWER DR

City GRIFFIN	State GA	Zip Code 30223-5799
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : AFDB68A0E346A4C4F9F7

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MCCONNELL, HAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 COUNTY ROAD 388
 City WETMORE State CO Zip Code 81253-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PUBLIC CITY SCHOOLS Occupation (for Individual) RET TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 12 / 13 / 2017
Transaction ID : ABB5A94DFAA1F4F0B99A
 Amount of Each Receipt this Period 200.00
 Memo Item

B. DHANSE, CATHERINE, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 DONNAN AVE APT E9
 City WASHINGTON State PA Zip Code 15301-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WINK CHERO & REHAB Occupation (for Individual) CHIRO ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 659.00

Date of Receipt 12 / 13 / 2017
Transaction ID : A70ABF8CCCDEB44D0A01
 Amount of Each Receipt this Period 33.00
 Memo Item

C. RIDGE, EDWARD, M, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 GIBSON RD
 City BENSLEM State PA Zip Code 19020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOP OF RIDGE, INC Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 13 / 2017
Transaction ID : A4E127224166C4664863
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.00
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 26 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. HUBER, DONALD, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7585 GROB RD

City GERALD	State MO	Zip Code 63037-2906
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : A83D16149DB1C4B47A18

Amount of Each Receipt this Period
35.00

Memo Item

B. BERRY, JAMES, O, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 91652

City MOBILE	State AL	Zip Code 36691-1652
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALABAMA STATE PORT AUTHOR	Occupation (for Individual) ACCOUNTANT
----------------------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : A886F1AA5AE9B4009A4C

Amount of Each Receipt this Period
40.00

Memo Item

C. GUILLAUDEU, LOUISE, L, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 S DOVER WAY

City LAKEWOOD	State CO	Zip Code 80232-5253
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : A7C1C1CEC9827402C80D

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 27 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KERWIN, NORMA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7979 BIRCHWOOD DR
 City CHESTERLAND State OH Zip Code 44026-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2017
Transaction ID : A6E528CB2DD0244B7864
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. TAYLOR, WILFORD, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 898
 City CANYON State TX Zip Code 79015-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2017
Transaction ID : A8CF4803DA4C344FCA10
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. MCCANN, JEAN, , , PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6431 FRANCIS DR
 City VICTOR State NY Zip Code 14564-9206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : A20C2DC7BF1AB44AD98E
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 28 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WORKER, JANE, M, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2292 COUNTY RD 127

City PENROSE	State CO	Zip Code 81240
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : A457C394FFD66457F810

Amount of Each Receipt this Period
50.00

Memo Item

B. REYNOLDS, MARY, S, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4200 GLENARM RD

City CRESTWOOD	State KY	Zip Code 40014-8976
-------------------	-------------	------------------------

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 ▼
585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : A258DC34BC570498B9C7

Amount of Each Receipt this Period
130.00

Memo Item

C. THOMSON, WILL, R, DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 S FOUR MILE RUN DR
UNIT 134

City ARLINGTON	State VA	Zip Code 22204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

Transaction ID : A270AD1A37AFA409C80B

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
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 29 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. EHRKE, MARGARET, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JAMES
 City ALMA State NE Zip Code 68920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALMA PUBLIC SCHOOL Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2017
Transaction ID : A44E9A6B01D944A33A78
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PERSONIUS, BRADLEY, E, DR., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 SERENITY LN
 City GRANTS PASS State OR Zip Code 97526-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHERN OREGON CARDIOLOG Occupation (for Individual) CARDIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2017
Transaction ID : A19CB2BA339FD48E59A7
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CARTER, JAY, W, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 COMMERCE ST STE 500
 City WICHITA FALLS State TX Zip Code 76301-8000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARTER AVIATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2017
Transaction ID : A3917DE5C016D4A31BBF
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ROBBINS, DOUGLAS, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 CLARA AVE

City MANCHESTER	State IA	Zip Code 52057-1306
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DEAWARE COUNTY FOOD BANK	Occupation (for Individual) COORDINATOR
---------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A1EE4B47FFB974B3DAF3

Amount of Each Receipt this Period
30.00

Memo Item

B. MEYERS, DEANN, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22535 SE HIGHLAND CIR
APT 205

City ISSAQUAH	State WA	Zip Code 98029
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A1E84C444419A4418B29

Amount of Each Receipt this Period
250.00

Memo Item

C. SHOTWELL, DONNA, JEAN, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1261 PINE CREEK WAY
APT B

City CONCORD	State CA	Zip Code 94520-3645
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A34331829F2454BA7B6E

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 31 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MORGAN, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1809 SMITH AVE
 City MENA State AR Zip Code 71953-2888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 18 / 2017
Transaction ID : A17C21ACEBF5940F3845
 Amount of Each Receipt this Period 25.00
 Memo Item

B. BENSON, DONALD, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 LAKE ST UNIT 206
 City EXCELSIOR State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2017
Transaction ID : A3AF04F4945EE4741A65
 Amount of Each Receipt this Period 250.00
 Memo Item

C. STOLTZFUS, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 273 FOX HILL RD
 City NEWBURG State PA Zip Code 17240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ROOFER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2017
Transaction ID : A30E14EC073E147628CF
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 32 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MCDOWELL, PATRICIA, A, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2308 DOUGLAS DR

City CARLISLE	State PA	Zip Code 17013-1094
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : AF4FOED68C8784C329F0

Amount of Each Receipt this Period
100.00

Memo Item

B. PALMER, EDITH, P, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 LAROE RD

City CHESTER	State NY	Zip Code 10918-2435
-----------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A803A4031F2974141A9E

Amount of Each Receipt this Period
1500.00

Memo Item

C. PRETZ, JEANIE, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 WOODROW ST
UNIT 501

City COLUMBIA	State SC	Zip Code 29205-1772
------------------	-------------	------------------------

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : AABE0E845ED28403C99E

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 33 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TEETS, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 949 RIVER ST

City GASSAWAY	State WV	Zip Code 26624-1183
------------------	-------------	------------------------

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 ▼
316.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A07F7E54E72B74B908D3

Amount of Each Receipt this Period
10.00

Memo Item

B. PORTER, HOWARD, F, MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 392

City GASTON	State NC	Zip Code 27832-0392
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : AAE014F5BD80341CC929

Amount of Each Receipt this Period
100.00

Memo Item

C. DOORNBOS, J, FRED, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1275 W FOREVERGREEN RD
APT 226

City NORTH LIBERTY	State IA	Zip Code 52317-8535
-----------------------	-------------	------------------------

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 ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : A98942C05071848D09CF

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SEEGER, MARCIA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3053 COLETTE DR
 City SAN PABLO State CA Zip Code 94806-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2017
Transaction ID : A9EDA97AD99884567A43
 Amount of Each Receipt this Period 53.00
 Memo Item

B. DHANSE, CATHERINE, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 DONNAN AVE APT E9
 City WASHINGTON State PA Zip Code 15301-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WINK CHERO & REHAB Occupation (for Individual) CHIRO ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 699.00

Date of Receipt 12 / 19 / 2017
Transaction ID : A8A8F62761E0245668A2
 Amount of Each Receipt this Period 40.00
 Memo Item

C. MUNN, ARNOLD, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9708 W HAWTHORNE ST
 City CRYSTAL RIVER State FL Zip Code 34428-6111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RET TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 19 / 2017
Transaction ID : AE26D0EE0752048FA9F5
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 393.00
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:	PAGE 35 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KOCHISS, JOHN, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 EAGER RD

City NORTH FRANKLIN	State CT	Zip Code 06254-1515
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Transaction ID : A560D975A103544F9991

Amount of Each Receipt this Period
100.00

Memo Item

B. AUXIER, LAUREL, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10914 LA SERNA DR

City WHITTIER	State CA	Zip Code 90604
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Transaction ID : A85BB1DD652D145BB8D6

Amount of Each Receipt this Period
500.00

Memo Item

C. MELCHER, LOUISE, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10785 CHERRY HILL DR

City SAN DIEGO	State CA	Zip Code 92130
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : AD00346BCF10D4FD5825

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 36 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STINEBISER, RONALD, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1195 LA MOREE RD
SPC 112

City SAN MARCOS State CA Zip Code 92078-4531

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

Name of Employer (for Individual) US NAVY Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 402.00

Date of Receipt 12 / 20 / 2017
Transaction ID : **A24992F7FB5074E619B8**

Amount of Each Receipt this Period 52.00

Memo Item

B. ZIMMERMAN, LOIS, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 PINELLAS POINT DR S
APT 486

City SAINT PETERSBURG State FL Zip Code 33705

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 20 / 2017
Transaction ID : **AA68203CCCF374EAD9B1**

Amount of Each Receipt this Period 300.00

Memo Item

C. KUBIN, DANIEL, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 BLOUNT ST

City HOUSTON State TX Zip Code 77008-4441

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RET ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 20 / 2017
Transaction ID : **A050BCD45EDE94B668C6**

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	552.00
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:	PAGE 37 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ACKERMAN, MERRILL, M, MRS.,

Mailing Address PO BOX 71

City EUREKA	State SD	Zip Code 57437-0071
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) FARM/TEAC/LIBRA
----------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : ACE3F092777974EFCBB3

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. COOVERT, ISABELLE, , ,

Mailing Address 2 DEACON DR

City SAINT LOUIS	State MO	Zip Code 63131
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : ADEB4F742C94E4269AE3

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ALTON, DUANE, , MR,

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE	State WA	Zip Code 99019-8531
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : A6C96BE733BEC4FEC865

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DOUGLASS, DONALD, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8961 LAKE DR
APT 306

City CAPE CANAVERAL State FL Zip Code 32920-5507

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 ▼
900.00

Date of Receipt
12 / 21 / 2017
Transaction ID : **A4EF55C91D2594D6EAC1**

Amount of Each Receipt this Period
200.00

Memo Item

B. GARCIA, ESPERANZA, G, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 21 / 2017
Transaction ID : **A82CD19DA4D6E4DA4899**

Amount of Each Receipt this Period
100.00

Memo Item

C. THOMS, NORMAN, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 SE 37TH ST

City TECUMSEH State KS Zip Code 66542-9161

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 21 / 2017
Transaction ID : **AB995C28EFD874E6CA92**

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.00
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 39 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ROTH, RICHARD, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1055 LITCHFIELD PL

City GALLATIN	State TN	Zip Code 37066-5611
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : A3F2B2C28BE5A428F90F

Amount of Each Receipt this Period
50.00

Memo Item

B. BETTIS, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 7

City EMMETT	State ID	Zip Code 83617
----------------	-------------	-------------------

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

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

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	/	26	/	2017

Transaction ID : A55EAB72458A84CCF936

Amount of Each Receipt this Period
1000.00

Memo Item

C. DUNN, WILLIAM, V, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41964 ELSMERE RD

City AINSWORTH	State NE	Zip Code 69210-1752
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER- RANCHER
----------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : A07B2D0D2B57447F4905

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 40 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STINEBISER, RONALD, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1195 LA MOREE RD
SPC 112

City SAN MARCOS State CA Zip Code 92078-4531

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

Name of Employer (for Individual) US NAVY Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.00

Date of Receipt
12 / 26 / 2017
Transaction ID : **A5A742F1DDC3443E6B34**

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 937 ARAPAHOE ST

City THERMOPOLIS State WY Zip Code 82443-2114

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 26 / 2017
Transaction ID : **A9F69B3315EEF45F4C9**

Amount of Each Receipt this Period
100.00

Memo Item

C. SMITH, S, LEE, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1154 HARVEST GLEN DR NW

City CLEVELAND State TN Zip Code 37312-6361

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

Name of Employer (for Individual) U S POSTAL SERVICE Occupation (for Individual) CUSTODIAN

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt
12 / 26 / 2017
Transaction ID : **AD1196B9A9E114DA08DB**

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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:	PAGE 41 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. SECORD, CYNTHIA, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 BEAMAN RD
 City STERLING State MA Zip Code 01564-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : A1E73B5D8E77A451DBFC
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. BRITTON, LYNDIA, R, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9913 LAKE SHORE BLVD
 City CLEVELAND State OH Zip Code 44108-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 27000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : A773FB6DB9E8040DA9AE
 Amount of Each Receipt this Period
 9000.00
 Memo Item

C. HERBERT, DOROTHY, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5294
 City AUGUSTA State ME Zip Code 04332-5294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : A8E4A75E1AEE24500A5B
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANDERSON, ROBERT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6612 BUCKHORN TRL
 City LOVES PARK State IL Zip Code 61111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 26 / 2017
Transaction ID : A8DC3605A6E4940EC981
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MARX, RICHARD, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 440
 City WAPPINGERS FALLS State NY Zip Code 12590-0440
 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 ▼ 766.00

Date of Receipt 12 / 26 / 2017
Transaction ID : AE537725DDB394B4EB4F
 Amount of Each Receipt this Period 230.00
 Memo Item

C. BARTOL, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 GREELEY HILL RD
 City BEDFORD State NH Zip Code 03110-4657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.18

Date of Receipt 12 / 26 / 2017
Transaction ID : A83F5F7DABA024984BE2
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	365.00
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:	PAGE 43 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BRAUN, JOHN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 JUXON CT

City BALTIMORE	State MD	Zip Code 21236
-------------------	-------------	-------------------

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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : A1D89D32FB0914F5A810

Amount of Each Receipt this Period
200.00

Memo Item

B. GRISHAM, THERESA, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 322

City ATTICA	State IN	Zip Code 47918
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : A7C8E95248B3640C2BA8

Amount of Each Receipt this Period
50.00

Memo Item

C. RITCH, PHILIP, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 KALUAMOO ST

City KAILUA	State HI	Zip Code 96734-2144
----------------	-------------	------------------------

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 ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : A3325813CF3E34A07A60

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 44 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SMALLEY, SYLVIA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 KATHERINE DR
 City WARREN State NJ Zip Code 07059-7011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2017
Transaction ID : A7F83781C65EB4324BA2
 Amount of Each Receipt this Period 60.00
 Memo Item

B. SIPES, ANTOINETTE, M, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1271 ARLINGTON WAY
 City BRENTWOOD State CA Zip Code 94513-2982
 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 ▼ 245.00

Date of Receipt 12 / 26 / 2017
Transaction ID : A475A4B9B2EDF44DAB64
 Amount of Each Receipt this Period 30.00
 Memo Item

C. BRANDT, JOHN, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2129 12TH AVE E
 City HIBBING State MN Zip Code 55746-1836
 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 ▼ 430.00

Date of Receipt 12 / 27 / 2017
Transaction ID : A759ADA33421A478A930
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 45 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KING, ARTHA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 W 29TH PL
 APT 4308
 City EUGENE State OR Zip Code 97405-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : A8C64FAD4EB914F27AB5
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WESTFALL, NANCY, L, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 EGLESTON AVE
 APT 4
 City KALAMAZOO State MI Zip Code 49001-7822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : AF5D4120E442145F3B2E
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. GUILLAUDEU, LOUISE, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 S DOVER WAY
 City LAKEWOOD State CO Zip Code 80232-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : A978B1DF9AC4141B4A09
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 46 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BAXTER, JOHN, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 295
 City INDEPENDENCE State CA Zip Code 93526-0295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 27 / 2017
Transaction ID : A275769EF54DB403495E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. COULTER, ROBERT, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 S JEFFERSON AVE APT O5
 City SPRINGFIELD State MO Zip Code 65807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US MARINE CORPS Occupation (for Individual) RET MILITARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2017
Transaction ID : A0AA2949234644AC6A56
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LOPEZ, RAYMOND, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 ALTA VISTA DR
 City VISTA State CA Zip Code 92084-5639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITY OF SAN MARCOS Occupation (for Individual) GARDENER RET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 27 / 2017
Transaction ID : A9F5AC37806D34429951
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PEABODY, GEORGE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10254 KAMEHAMEHA V HWY

City KAUNAKAKAI	State HI	Zip Code 96748
--------------------	-------------	-------------------

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

Name of Employer (for Individual) GOD AND CONSTITUTION FOR	Occupation (for Individual) ENFORCEMENT OF
---------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : AE496D38D221A4EF1809

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3911 APPALACHIAN TRL

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : AF68BDA9656A049B184A

Amount of Each Receipt this Period
100.00

Memo Item

C. CULPEPPER, ROBERT, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 PARK PLACE DR

City ALEXANDRIA	State LA	Zip Code 71301-3947
--------------------	-------------	------------------------

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

Name of Employer (for Individual) PREMIER PEDIATRIC CLINIC	Occupation (for Individual) PEDIATRICIAN
---------------------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
8750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

Transaction ID : A838E88BE15294551B3C

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 48 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BLOOMFIELD, JANET, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3878 MUSGROVE RD
 City CHILLICOTHE State OH Zip Code 45601-9777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENERAL ELECTRIC RET Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 745.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : A8B9FB21DDA9B457D82D
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. EDDY, DELOIS, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 VIEW STREET
 City MORRILTON State AR Zip Code 72110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : AA4FD8DD0DC814F5DA2B
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	29784.00

**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 49 OF 109
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. OMEGA LIST COMPANY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD
SUITE 490

City MCLEAN State VA Zip Code 22102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
92605.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : A2C1DCCFF4A254C0EB5L

Amount of Each Receipt this Period
7470.17

Memo Item
LIST RENTAL

B. OMEGA LIST COMPANY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD
SUITE 490

City MCLEAN State VA Zip Code 22102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85135.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2017

Transaction ID : AFF23F42EA3284224AD9

Amount of Each Receipt this Period
6051.49

Memo Item
LIST RENTAL

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

SUBTOTAL of Receipts This Page (optional).....	13521.66
TOTAL This Period (last page this line number only).....	13521.66

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 2812 EMERYWOOD PARKWAY

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement
PAYROLL SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : B9DA957E11
Amount of Each Disbursement this Period
53.56

Memo Item

Full Name (Last, First, Middle Initial)

B. HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FEC COMPLIANCE AND ACCOUNTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : B97C862B214
Amount of Each Disbursement this Period
2750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ATKINSON, MAURICE, , ,

Mailing Address 695 FRIAR TUCK LN

City MACON State GA Zip Code 31220

Purpose of Disbursement
SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : B2E071B012
Amount of Each Disbursement this Period
750.00

Memo Item

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

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

3553.56

**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)
STARS AND STRIPES FOREVER PAC

A. SOUSA, JOHN, P, , IV

Full Name (Last, First, Middle Initial)

Mailing Address 11-C TALCOTT FOREST RD
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : B9219AE941

Amount of Each Disbursement this Period: 3500.00

Memo Item

B. PINKSTON GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 5270 SHAWNEE ROAD SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement PUBLIC RELATIONS AND WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : B2C2E54A2C

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. SAVANNA COMMUNICATIONS

Full Name (Last, First, Middle Initial)

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21401-7120

Purpose of Disbursement GENERAL MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : B3E44339311

Amount of Each Disbursement this Period: 3500.00

Memo Item

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

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

8000.00

**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)
STARS AND STRIPES FOREVER PAC

Full Name (Last, First, Middle Initial) A. ARISTOTLE INTERNATIONAL		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C [REDACTED] Transaction ID : B066A398434 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement COMPLIANCE DATABASE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DESERT FOX STRATEGIC COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 5841 E CHARLESTON BLVD SUITE 230-226		FEC Identification Number C [REDACTED] Transaction ID : B7DA6595C6! Amount of Each Disbursement this Period 1000.00
City MT REAGAN	State NV	Zip Code 89142
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SOUSA, JOHN, P, , IV		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 11-C TALCOTT FOREST RD UNIT C		FEC Identification Number C [REDACTED] Transaction ID : B1BC6C4CA Amount of Each Disbursement this Period 3500.00
City FARMINGTON	State CT	Zip Code 06032
Purpose of Disbursement POLITICAL STRATEGY 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	

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)
STARS AND STRIPES FOREVER PAC

Full Name (Last, First, Middle Initial) A. SARACINO, WILLIAM, , ,		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address 3625 ANGELUS AVE		FEC Identification Number C [REDACTED] Transaction ID : B4AE698AD8 Amount of Each Disbursement this Period [REDACTED] 1500.00	
City GLENDALE	State CA	Zip Code 91208	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ATKINSON, MAURICE, , ,		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address 695 FRIAR TUCK LN		FEC Identification Number C [REDACTED] Transaction ID : B1A1F6C9DC Amount of Each Disbursement this Period [REDACTED] 750.00	
City MACON	State GA	Zip Code 31220	Category/ Type [REDACTED]
Purpose of Disbursement SOCIAL MEDIA CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017	
Mailing Address 300 S WASHINGTON STREET		FEC Identification Number C [REDACTED] Transaction ID : BE1C8F9E4F Amount of Each Disbursement this Period [REDACTED] 33.50	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2283.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 2812 EMERYWOOD PARKWAY

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement
PAYROLL SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 22 / 2017

FEC Identification Number

C
Transaction ID : **BF151FBF46**
Amount of Each Disbursement this Period
103.85

Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. POSTMASTER

Mailing Address 4410 BROOKFIELD CORPORATE DR

City CHANTILLY State VA Zip Code 20153

Purpose of Disbursement
POSTAL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 22 / 2017

FEC Identification Number

C
Transaction ID : **B121ABC767!**
Amount of Each Disbursement this Period
620.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
FUNDRAISING DIRECT MAIL POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : **BD5D5A7DB**
Amount of Each Disbursement this Period
1123.59

Memo Item

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

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

1847.44

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAMPAIGN FUNDING DIRECT

Mailing Address 1420 SPRING HILL ROAD, SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement
FUNDRAISING CREATIVE COPY/POSTAGE

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 Y Y
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : BC0F6267CE
Amount of Each Disbursement this Period
5064.58

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
FUNDRAISING PRINTING EXPENSE

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 Y Y
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : B54D942371E
Amount of Each Disbursement this Period
659.11

Memo Item

Full Name (Last, First, Middle Initial)

C. PARAMOUNT COMMUNICATIONS

Mailing Address 525-K EAST MARKET STREET SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
FUNDRAISING EMAIL DISTRIBUTION SERVICE

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : BD46D1AC8
Amount of Each Disbursement this Period
787.96

Memo Item

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

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

6511.65

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. INTERNATIONAL DATA MANAGEMENT, INC.

Mailing Address 3200 WEST MARKET ST. SUITE 302

City AKRON State OH Zip Code 44333

Purpose of Disbursement
DIRECT MAIL THANK YOU PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : BC49F0CC25
Amount of Each Disbursement this Period
420.28

Memo Item

Full Name (Last, First, Middle Initial)

B. EBERLE COMMUNICATIONS GROUP

Mailing Address 1420 SPRING HILL ROAD SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement
DIRECT MAIL DATA CENTER

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : B83358D5A94
Amount of Each Disbursement this Period
1052.83

Memo Item

Full Name (Last, First, Middle Initial)

C. SARACINO, WILLIAM, , ,

Mailing Address 3625 ANGELUS AVE

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
EXPENSE REIMBURSEMENT: MILEAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : B2D0E80640
Amount of Each Disbursement this Period
341.44

Memo Item

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

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

1814.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. HUCKABY DAVIS LISKER

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FEC COMPLIANCE AND ACCOUNTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C

Transaction ID : BC01B72B26

Amount of Each Disbursement this Period: 2750.00

Memo Item

B. SOUSA, JOHN, P, , IV

Full Name (Last, First, Middle Initial)

Mailing Address 11-C TALCOTT FOREST RD
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 12 / 30 / 2017

FEC Identification Number: C

Transaction ID : B799D6A24D!

Amount of Each Disbursement this Period: 3500.00

Memo Item

C. ATKINSON, MAURICE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 695 FRIAR TUCK LN

City MACON State GA Zip Code 31220

Purpose of Disbursement
SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 12 / 30 / 2017

FEC Identification Number: C

Transaction ID : B737140092!

Amount of Each Disbursement this Period: 750.00

Memo Item

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

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

7000.00

**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)
STARS AND STRIPES FOREVER PAC

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILL ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B84ABE09DE
Amount of Each Disbursement this Period

[REDACTED] 1033.53

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : BEB827C4A1
Amount of Each Disbursement this Period

[REDACTED] 121.12

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B5C29058BE
Amount of Each Disbursement this Period

[REDACTED] 121.12

Memo Item

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

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

[REDACTED] 1275.77

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : B385629984E
Amount of Each Disbursement this Period
[] 121.12

Memo Item

Full Name (Last, First, Middle Initial)

B. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C []
Transaction ID : BA1A27125DI
Amount of Each Disbursement this Period
[] 3.22

Memo Item

Full Name (Last, First, Middle Initial)

C. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C S2WI00219
Transaction ID : B2F52646B2
Amount of Each Disbursement this Period
[] 76.32

Memo Item

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

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

[] 200.66

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

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 Y Y
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : BCDCBFAF0
Amount of Each Disbursement this Period
[] 19.08

Memo Item

Full Name (Last, First, Middle Initial)

B. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

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 Y Y
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : BDDC306B44
Amount of Each Disbursement this Period
[] 19.08

Memo Item

Full Name (Last, First, Middle Initial)

C. EBERLE COMMUNICATIONS GROUP

Mailing Address 1420 SPRING HILL ROAD SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement
DIRECT MAIL DATA CENTER

Candidate Name
WATERS, MAXINE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 43

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C [] H4CA23011
Transaction ID : BA47091F45
Amount of Each Disbursement this Period
[] 1360.02

Memo Item

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

[] 1398.18

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)
STARS AND STRIPES FOREVER PAC

Full Name (Last, First, Middle Initial)

A. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : BB1DB0A928
Amount of Each Disbursement this Period
[] 19.08

Memo Item

Full Name (Last, First, Middle Initial)

B. PARAMOUNT COMMUNICATIONS

Mailing Address 525-K EAST MARKET STREET SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
EMAIL DISTRIBUTION SERVICE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : B9C492050FC
Amount of Each Disbursement this Period
[] 322.10

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
DONNELLY, JOSEPH, S, ,

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

State: IN District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C S2IN00091
Transaction ID : B11CD7A6B1
Amount of Each Disbursement this Period
[] 251.13

Memo Item

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

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

[] 592.31

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
BALDWIN, TAMMY, , ,

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

State: WI District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C S2WI00219
Transaction ID : BE7324DE0C
Amount of Each Disbursement this Period
93.53

Memo Item

Full Name (Last, First, Middle Initial)

B. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
BALDWIN, TAMMY, , ,

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

State: WI District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C S2WI00219
Transaction ID : BDFB8343687
Amount of Each Disbursement this Period
12.88

Memo Item

Full Name (Last, First, Middle Initial)

C. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name
KAINE, TIMOTHY, MICHAEL, ,

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

State: VA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C S2VA00142
Transaction ID : B58ADF2132
Amount of Each Disbursement this Period
76.32

Memo Item

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

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

182.73

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : B682A6FE89
Amount of Each Disbursement this Period
[REDACTED] 158.53

Memo Item

Full Name (Last, First, Middle Initial)

B. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

KAINE, TIMOTHY, MICHAEL, ,

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

State: VA District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number

C S2VA00142
Transaction ID : B23754B0F0F
Amount of Each Disbursement this Period
[REDACTED] 12.88

Memo Item

Full Name (Last, First, Middle Initial)

C. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

DONNELLY, JOSEPH, S, ,

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

State: IN District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number

C S2IN00091
Transaction ID : B54D57609E
Amount of Each Disbursement this Period
[REDACTED] 12.88

Memo Item

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

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

[REDACTED] 184.29

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : BFA8F16E7B
Amount of Each Disbursement this Period
[] 121.12

Memo Item

Full Name (Last, First, Middle Initial)

B. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C []
Transaction ID : BC4CA0C770
Amount of Each Disbursement this Period
[] 19.08

Memo Item

Full Name (Last, First, Middle Initial)

C. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name
MOORE, ROY, , ,

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

State: AL District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C [] S8AL00340
Transaction ID : B007D1C6BC
Amount of Each Disbursement this Period
[] 1564.51

Memo Item

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

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

[] 1704.71

**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)
STARS AND STRIPES FOREVER PAC

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
TESTER, JON, , ,

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

Date of Disbursement
MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number
C S6MT00162
Transaction ID : B9AC0F62F8
Amount of Each Disbursement this Period
121.12

Memo Item

Full Name (Last, First, Middle Initial)

B. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number
C
Transaction ID : B937AA5859
Amount of Each Disbursement this Period
19.08

Memo Item

Full Name (Last, First, Middle Initial)

C. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number
C
Transaction ID : B72763AE25
Amount of Each Disbursement this Period
3.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 143.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COLORTREE GROUP INC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017	
Mailing Address 8000 VILLA PARK DR		FEC Identification Number C [REDACTED] Transaction ID : BE908596A0 Amount of Each Disbursement this Period [REDACTED] 3.22	
City RICHMOND	State VA	Zip Code 23228-6500	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL PRINTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. SOUSA, JOHN, P, , IV		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address 11-C TALCOTT FOREST RD UNIT C		FEC Identification Number C [REDACTED] Transaction ID : B151FA90507 Amount of Each Disbursement this Period [REDACTED] 1966.42	
City FARMINGTON	State CT	Zip Code 06032	Category/ Type [REDACTED]
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address 1030 DELTA BOULEVARD		FEC Identification Number C [REDACTED] Transaction ID : B40C45AAF1 Amount of Each Disbursement this Period [REDACTED] 1167.60	
City ATLANTA	State GA	Zip Code 30354-1989	Category/ Type [REDACTED]
Purpose of Disbursement AIR TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1969.64
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. COSMOPOLITAN HOTEL

Mailing Address 3708 S LAS VEGAS BLVD

City
LAS VEGAS

State
NV

Zip Code
89109-4312

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C [Redacted]
Transaction ID : BF711D007B
Amount of Each Disbursement this Period
[Redacted] 688.22

Memo Item

Full Name (Last, First, Middle Initial)

B. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City
RICHMOND

State
VA

Zip Code
23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C [Redacted]
Transaction ID : B6107F50A19
Amount of Each Disbursement this Period
[Redacted] 3.22

Memo Item

Full Name (Last, First, Middle Initial)

C. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City
RICHMOND

State
VA

Zip Code
23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C [Redacted]
Transaction ID : BF73DDB511
Amount of Each Disbursement this Period
[Redacted] 3.22

Memo Item

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

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

[Redacted]	6.44
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[Redacted]	
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
WATERS, MAXINE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 43

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C H4CA23011
Transaction ID : B747818D3D
Amount of Each Disbursement this Period
7115.35

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C S2WI00219
Transaction ID : BBB69BED83
Amount of Each Disbursement this Period
251.13

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name
KAINE, TIMOTHY, MICHAEL, ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C S2VA00142
Transaction ID : BE413ED991
Amount of Each Disbursement this Period
344.66

Memo Item

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

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

7711.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COLORTREE GROUP INC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 8000 VILLA PARK DR		FEC Identification Number C S8AL00340 Transaction ID : B4A06F50D0! Amount of Each Disbursement this Period 264.04
City RICHMOND	State VA	Zip Code 23228-6500
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type
Candidate Name MOORE, ROY, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District:	

Full Name (Last, First, Middle Initial) B. ACTION MAILERS		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address 90 COMMERCE DRIVE		FEC Identification Number C S2IN00091 Transaction ID : B99C50501C! Amount of Each Disbursement this Period 93.53
City ASTON	State PA	Zip Code 19014-3201
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type
Candidate Name DONNELLY, JOSEPH, S, ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District:	

Full Name (Last, First, Middle Initial) C. VALTIM		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address P.O. BOX 809 1095 VENTURE DR		FEC Identification Number C S2IN00091 Transaction ID : B1E932EDF/ Amount of Each Disbursement this Period 76.32
City FOREST	State VA	Zip Code 24551-0809
Purpose of Disbursement DIRECT MAIL POSTAGE/MAILHOUSE		Category/ Type
Candidate Name DONNELLY, JOSEPH, S, ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	433.89
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. VALTIM

Mailing Address P.O. BOX 809
1095 VENTURE DR

City FOREST State VA Zip Code 24551-0809

Purpose of Disbursement
DIRECT MAIL POSTAGE/MAILHOUSE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : BA40AA6683
Amount of Each Disbursement this Period
19.08

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTION MAILERS

Mailing Address 90 COMMERCE DRIVE

City ASTON State PA Zip Code 19014-3201

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

WATERS, MAXINE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 43

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C H4CA23011
Transaction ID : BD8B9CCDA'
Amount of Each Disbursement this Period
1328.06

Memo Item

Full Name (Last, First, Middle Initial)

C. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : B19FBFADF!
Amount of Each Disbursement this Period
3.22

Memo Item

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

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

1350.36
53664.24

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 93.53	Transaction ID : D067085488A374C1AABD	
Amount Incurred This Period 0.00	Payment This Period 93.53	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 93.53	Transaction ID : D717CCF1DFDFD43B08FB	
Amount Incurred This Period 0.00	Payment This Period 93.53	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 121.12	Transaction ID : D28D862C3020D430390C	
Amount Incurred This Period 0.00	Payment This Period 121.12	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 251.13		Transaction ID : D6DB6C66D07034049A9C	
Amount Incurred This Period 0.00	Payment This Period 251.13	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 7115.35		Transaction ID : D32D2FF8FD87C4A3D86C	
Amount Incurred This Period 0.00	Payment This Period 7115.35	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 121.12		Transaction ID : D757599AAE15C4166907	
Amount Incurred This Period 0.00	Payment This Period 121.12	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1328.06"/>	Transaction ID : D6182542C250648A5BBC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1328.06"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="344.66"/>	Transaction ID : D86212BA90C114F61B4B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="344.66"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="158.53"/>	Transaction ID : DA0789219EB8D4035BDB	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="158.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 121.12	Transaction ID : D64038CD484DB48F1BD8	
Amount Incurred This Period 0.00	Payment This Period 121.12	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 121.12	Transaction ID : D8E71A5DE04AB4729A29	
Amount Incurred This Period 0.00	Payment This Period 121.12	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 251.13	Transaction ID : DCBB65C411C744718974	
Amount Incurred This Period 0.00	Payment This Period 251.13	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period 121.12	Transaction ID : DC959482C6E3248A7B36	
Amount Incurred This Period 0.00	Payment This Period 121.12	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 19.08	Transaction ID : D9583F86874064222956	
Amount Incurred This Period 0.00	Payment This Period 19.08	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 19.08	Transaction ID : DE5AFC3177BEF49CD951	
Amount Incurred This Period 0.00	Payment This Period 19.08	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="19.08"/>	Transaction ID : DFF52357697864958BE5	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="19.08"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1564.51"/>	Transaction ID : DC55CC66831154ED1997	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1564.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3.22"/>	Transaction ID : DCE4B514D31144A4B999	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period <input type="text" value="76.32"/>	Transaction ID : DECCCE99CD41F454281A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="76.32"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="12.88"/>	Transaction ID : D3BC50F8BFC8B4717865	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="12.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3.22"/>	Transaction ID : D6BD6AF5B6F644095A01	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period		Transaction ID : DE82E4D905B51457CA62	
3.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3.22	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID : DE5A804EBBAAB49739C4	
76.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	76.32	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID : D5BA352567D4347E89EF	
19.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	19.08	0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 3.22		Transaction ID : D86BB02B8042847E7946	
Amount Incurred This Period 0.00	Payment This Period 3.22	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 12.88		Transaction ID : D0F56E08A9B2142C59AE	
Amount Incurred This Period 0.00	Payment This Period 12.88	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 76.32		Transaction ID : D23D553702EC845798FD	
Amount Incurred This Period 0.00	Payment This Period 76.32	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 3.22		Transaction ID : DA335ECBC375542349B0	
Amount Incurred This Period 0.00	Payment This Period 3.22	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 19.08		Transaction ID : D40BFFE235A5A4DD1B3F	
Amount Incurred This Period 0.00	Payment This Period 19.08	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 19.08		Transaction ID : DD119C2C36BAD4772804	
Amount Incurred This Period 0.00	Payment This Period 19.08	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 264.04		Transaction ID : DD3F4E8ED186C4A3B92D	
Amount Incurred This Period 0.00	Payment This Period 264.04	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 12.88		Transaction ID : D197C03873E8F4B37B87	
Amount Incurred This Period 0.00	Payment This Period 12.88	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 3.22		Transaction ID : D1FE4C0BE235445EA94F	
Amount Incurred This Period 0.00	Payment This Period 3.22	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="902.72"/>	Transaction ID : D40007A266D4B4FA6A5E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="902.72"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1354.09"/>	Transaction ID : D4A50867F94394F2AA1D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1354.09"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : DC570487721E246268E2	
Amount Incurred This Period <input type="text" value="80.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="80.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2336.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D9538890F00404360863	
Amount Incurred This Period 1360.02	Payment This Period 1360.02	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	465.32
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP		Nature of Debt (Purpose): DIRECT MAIL DATA CENTER	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 0.00		Transaction ID : D629CDB1E0A534A5393E	
Amount Incurred This Period 80.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP		Nature of Debt (Purpose): DIRECT MAIL DATA CENTER	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 0.00		Transaction ID : DE988E54C6E0149888FD	
Amount Incurred This Period 80.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.00	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	319.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period	Transaction ID : DA0FBCA46033F4EB4A1F	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="244.23"/>	<input type="text" value="0.00"/>	<input type="text" value="244.23"/>

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

Outstanding Balance Beginning This Period	Transaction ID : D114C843C5CFE45C9A79	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="295.90"/>	<input type="text" value="0.00"/>	<input type="text" value="295.90"/>

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

Outstanding Balance Beginning This Period	Transaction ID : D028535DA69314A7A905	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4151.87"/>	<input type="text" value="0.00"/>	<input type="text" value="4151.87"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4692.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	771.64
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period 0.00		Transaction ID : DB8D9D5CFBE2B498DAE3	
Amount Incurred This Period 295.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 295.90	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	3272.17
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period	Transaction ID : D98A87E4F404B40388DF	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="273.24"/>	<input type="text" value="0.00"/>	<input type="text" value="273.24"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5753.99"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period	Transaction ID : DD54416031CF4433088F	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="244.23"/>	<input type="text" value="0.00"/>	<input type="text" value="244.23"/>

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

Outstanding Balance Beginning This Period	Transaction ID : D341301CA40354C00B5E	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="295.90"/>	<input type="text" value="0.00"/>	<input type="text" value="295.90"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5185.18"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period	Transaction ID : D26DA05EEE5CC4FA5B7E	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="244.23"/>	<input type="text" value="0.00"/>	<input type="text" value="244.23"/>

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

Outstanding Balance Beginning This Period	Transaction ID : D19BCAB499338444FAC8	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5030.22"/>	<input type="text" value="0.00"/>	<input type="text" value="5030.22"/>

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

Outstanding Balance Beginning This Period	Transaction ID : DEEABF36B872A426D815	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="483.53"/>	<input type="text" value="0.00"/>	<input type="text" value="483.53"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5757.98"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 109
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period	Transaction ID : DF44381A839244861A7D		
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="322.10"/>	<input type="text" value="322.10"/>	<input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EBERLE COMMUNICATIONS GROUP			Nature of Debt (Purpose): DIRECT MAIL DATA CENTER
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period	Transaction ID : D4E7E9BCDB66F4648AEA		
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="52.48"/>	<input type="text" value="0.00"/>	<input type="text" value="52.48"/>	

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

Outstanding Balance Beginning This Period	Transaction ID : DBBAF873E56134D09B8A		
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="4401.61"/>	<input type="text" value="0.00"/>	<input type="text" value="4401.61"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4454.09"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 109
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	200.95
2) TOTALS This Period (last page this line number only)..... ▶	33209.13
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	33209.13

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Category/Type
Date of Public Distribution/Dissemination 11 / 25 / 2017
Amount 4071.50
Transaction ID : EF452F2A5BAF4498F835
Date of Disbursement or Obligation 11 / 25 / 2017

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

Full Name of Payee SAVANNA COMMUNICATIONS
Mailing Address 755 SONNE DRIVE
City ANNAPOLIS State MD Zip Code 21401-7120
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION
Category/Type
Date of Public Distribution/Dissemination 11 / 25 / 2017
Amount 8181.50
Transaction ID : E3CA9CC505F6844B8BCF
Date of Disbursement or Obligation 11 / 14 / 2017

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

(a) SUBTOTAL of Itemized Independent Expenditures 12253.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SATTERFIELD, DAVID, , ,
Signature

[Electronically Filed]

Date 01 / 21 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee CAMPAIGN FUNDING DIRECT Memo Item
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Name of Federal Candidate: Kaine, Timothy, Michael, Oppose
Office Sought: Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 22222.46
Disbursement For: General 2018

Full Name of Payee ZIP MAILING SERVICES, INC. Memo Item
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: Donnelly, Joseph, S., Oppose
Office Sought: Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 36001.45
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SATTERFIELD, DAVID, Signature [Electronically Filed] Date 01 / 21 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee CP DIRECT Memo Item
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: Kaine, Timothy, Michael, Support Oppose
Office Sought: House Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 22222.46
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ACTION MAILERS Memo Item
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: Waters, Maxine, Support Oppose
Office Sought: House Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SATTERFIELD, DAVID, Signature [Electronically Filed] Date 01 / 21 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee CP DIRECT Memo Item
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure DIRECT MAIL PRINTING Category/Type
Date of Public Distribution/Dissemination 11/29/2017
Amount 295.90
Transaction ID: E972AB924019F4D0389A
Date of Disbursement or Obligation

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

Full Name of Payee OMEGA LIST COMPANY Memo Item
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure DIRECT MAIL LIST RENTAL Category/Type
Date of Public Distribution/Dissemination 11/29/2017
Amount 273.24
Transaction ID: E3194923EBFBC4927832
Date of Disbursement or Obligation

Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SATTERFIELD, DAVID, , [Electronically Filed] Date 01/21/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee ZIP MAILING SERVICES, INC. Memo Item
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: BALDWIN, TAMMY, , , Support Oppose
Office Sought: House Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee OMEGA LIST COMPANY Memo Item
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure DIRECT MAIL LIST RENTAL
Name of Federal Candidate: DONNELLY, JOSEPH, S, , Support Oppose
Office Sought: House Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 36001.45
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date 01 / 21 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee ZIP MAILING SERVICES, INC. Memo Item
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: WATERS, MAXINE, , , Support Oppose Office Sought: House District: 43 State: CA
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CP DIRECT Memo Item
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: WATERS, MAXINE, , , Support Oppose Office Sought: House District: 43 State: CA
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee CAMPAIGN FUNDING DIRECT Memo Item
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Name of Federal Candidate: BALDWIN, TAMMY, , , Support Oppose
Office Sought: House Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee OMEGA LIST COMPANY Memo Item
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure DIRECT MAIL LIST RENTAL
Name of Federal Candidate: BALDWIN, TAMMY, , , Support Oppose
Office Sought: House Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 01 / 21 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL DATA CENTER
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 36001.45
Disbursement For: General 2018

Full Name of Payee CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: BALDWIN, TAMMY, ,
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee ZIP MAILING SERVICES, INC. Memo Item
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure DIRECT MAIL PRINTING Category/Type
Name of Federal Candidate: Kaine, Timothy, Michael, Oppose
Office Sought: Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 22222.46
Disbursement For: General 2018

Full Name of Payee CAMPAIGN FUNDING DIRECT Memo Item
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE Category/Type
Name of Federal Candidate: Donnelly, Joseph, S, Oppose
Office Sought: Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 36001.45
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee OMEGA LIST COMPANY Memo Item
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure DIRECT MAIL LIST RENTAL
Name of Federal Candidate: WATERS, MAXINE, , Support Oppose
Office Sought: House District: 43 State: CA
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ACTION MAILERS Memo Item
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, , Support Oppose
Office Sought: House District: State: VA
Calendar Year-To-Date Per Election for Office Sought 22222.46
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL DATA CENTER
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: General 2018

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL CREATIVE
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 46927.83
Disbursement For: General 2018

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL DATA CENTER
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 29691.75
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 01 / 21 / 2018

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ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL DATA CENTER
Name of Federal Candidate: Kaine, Timothy, Michael,
Calendar Year-To-Date Per Election for Office Sought 22222.46
Disbursement For: General 2018

Full Name of Payee ACTION MAILERS
Mailing Address 90 COMMERCE DRIVE
City ASTON State PA Zip Code 19014-3201
Purpose of Expenditure DIRECT MAIL PRINTING
Name of Federal Candidate: Donnelly, Joseph, S.
Calendar Year-To-Date Per Election for Office Sought 36001.45
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, ,

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Date 01 / 21 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee PARAMOUNT COMMUNICATIONS
Mailing Address 525-K EAST MARKET STREET SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure EMAIL DISTRIBUTION SERVICE
Name of Federal Candidate: MOORE, ROY, , ,
Calendar Year-To-Date Per Election for Office Sought 6631.26
Disbursement For: 2018 General

Full Name of Payee CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure EMAIL CREATIVE
Name of Federal Candidate: MOORE, ROY, , ,
Calendar Year-To-Date Per Election for Office Sought 6631.26
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date

01 / 21 / 2018

Signature

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

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

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

Full Name of Payee SAVANNA COMMUNICATIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 755 SONNE DRIVE	Amount <input type="text"/>
City ANNAPOLIS State MD Zip Code 21401-7120	Transaction ID : E55D8868F95304E749EF Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure RADIO ADVERTISEMENT PRODUCTION/PLACEMENT Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose JONES, DOUG, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: AL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12832.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN FUNDING DIRECT <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1420 SPRING HILL ROAD, SUITE 490	Amount <input type="text"/>
City MCLEAN State VA Zip Code 22102-3028	Transaction ID : E23EE5A5077674A64A9A Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure DIRECT MAIL CREATIVE Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose WATERS, MAXINE, , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 43 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 51582.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 6201.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee EBERLE COMMUNICATIONS GROUP
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure DIRECT MAIL DATA CENTER
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 51582.87
Disbursement For: General 2018

Full Name of Payee VALTIM
Mailing Address P.O. BOX 809
1095 VENTURE DR
City FOREST State VA Zip Code 24551-0809
Purpose of Expenditure DIRECT MAIL POSTAGE/MAILHOUSE
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 51582.87
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date 01 / 21 / 2018

Signature

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

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00635243 </div>
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item SAVANNA COMMUNICATIONS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 12 / 2017
Mailing Address 755 SONNE DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 720.00 </div>
City ANNAPOLIS	State MD	
Zip Code 21401-7120	Transaction ID : EA1FDE2FF91DE40FAA8C	
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 12 / 2017
Name of Federal Candidate: <input type="checkbox"/> Support BALDWIN, TAMMY, , , <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 30411.75 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item SAVANNA COMMUNICATIONS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 12 / 2017
Mailing Address 755 SONNE DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1647.00 </div>
City ANNAPOLIS	State MD	
Zip Code 21401-7120	Transaction ID : EA4C9D57031B34A719D7	
Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 12 / 2017
Name of Federal Candidate: <input type="checkbox"/> Support DONNELLY, JOSEPH, S, , <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 37648.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2367.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 20821.00 </div>

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SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 01 / 21 / 2018

Signature