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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
PACTION			
ADDRESS (number and street)	1100 S MARKET STREET		
Check if different than previously reported. (ACC)	S400 CHATTANOOGA		TN 37402 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00665844		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M6	(Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election
April 15	Apr	20 (M4) Jul 20 (M7)	Oct 20 (M10) Year Only) Jan 31 (YE)
Quarterly Report (July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floatic	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t Election	on on 12 06	in the State of
5. Covering Period 1	0 18 2018	through 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined t	Haggard, Lora, , ,	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	gard, Lora, , ,	[Electronically Filed]	Date 12 06 7 2018
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
PACTION		
Report Covering the Period: From:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2018		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	144675.00	144675.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	144675.00	144675.00
7. Total Disbursements (from Line 31)	73853.13	73853.13
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70821.87	70821.87
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	750.00	
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Vrite	or	Type	Committee	Name
--------------	----	------	-----------	------

PACTION

port Covering the Period: From: 10	18 2018 To	: 11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
• •			
	0.00	0.00	
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	0.00	0.00	
	42 42		
	0.00	0.00	
(4)()	7 7 7		
(b) Political Party Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
` '			
11(a)(iii), (b), and (c)) (Carry	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
Party Committees	0.00	0.00	
All Loans Received	0.00	0.00	
All Loans neceived	45 45 45	4 4	
Laca Baranmanta Basahari	0.00	0.00	
	0.00	0.00	
- · · · · · · · · · · · · · · · · · · ·			
	0.00	0.00	
	4 4	4 4	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts			
	144675.00	144675.00	
(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	
	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
53 5.055			
0.00	0.00		
0.00	0.00		
0.00	4 4		
0.00	0.00		
	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
	28427.92		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
45425.21	45425.21		
0))			
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
73853.13	73853.13		
73853.13	73853.13		
	Total This Period 0.00 0.00 0.00 0.00 0.00 0.00 0.00 28427.92 0.00 0.00 0.00 0.00 0.00 45425.21 0)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		

DETAILED SUMMARY PAGE

of Disbursements

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 20 (check only one) 11a 11b 11c 12 13 14 15 16 🗶 17	
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) PACTION				
Full Name of Individual (Last, First, Middle Ir FIGHT FOR AMERICA'S FUTURE PAGE Mailing Address 1032 15TH STREET NW S1		Organization Name	Date of Receipt	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA17.4173 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C co	0676577	4675.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4675.00		
Full Name of Individual (Last, First, Middle Ir Way to Win Action Fund	nitial) or Full C	Organization Name	Date of Receipt	
Mailing Address 340 S Lemon Avenue 1940 City	State	Zip Code	10 30 2018	
Walnut	CA	91789	Transaction ID : SA17.4171 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		140000.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 140000.00		
Full Name of Individual (Last, First, Middle Ir	nitial) or Full C	Organization Name	Date of Receipt	
Mailing Address			M = M / D = D / Y = Y = Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	•			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)				
SUBTOTAL of Receipts This Page (optional)			144675.00	

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

144675.00

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SCHEDULE B (FEC Form 3X)			arata aakadula/-\	I	NUMBER:	PAGE 7 OF 20	
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	· — · —	2	
			Summary Page	21b 28a	22 23 28b 25	3 26 27 8c x 29 30b	
	ny information copied from such Reports and Staten						
or	for commercial purposes, other than using the name	ie and addi	ress of any politic	cai committee to	solicit contributi	ions from such committee.	
$\left \right\rangle$	PACTION						
_	Full Name (Last, First, Middle Initial)				Date of Disbu		
A.	CMO Services	IO Services					
	Mailing Address 825 South Front Street				11	01 2018	
	Columbus	State OH	Zip Code 43206		FEC Identifica	ation Number	
	Purpose of Disbursement Consulting/Political Strategy				C		
	Candidate Name			Category/		ion ID: SB29.4179 ach Disbursement this Period	
				Type	7 mount of Ec		
	Office Sought: House Disburser Senate	nent For: 2				12000.00	
	President	Primary					
	State: District:	` .			Memo Ite	em	
_	Full Name (Last, First, Middle Initial)						
B.	Facebook			Date of Disbursement			
	Mailing Address 1 Hacker Way					05 2018	
	,	State	Zip Code		FEC Identifica	ation Number	
	Menlo Park Purpose of Disbursement	CA	94025				
	Digital Advertising/Janet Cruz/FL SD15/Support	Category/ Type			C		
	Candidate Name				ion ID: SB29.4165 ach Disbursement this Period		
		nent For:				774.02	
	Senate President	Primary General Other (specify)					
	State: District:	Other (spec	City)		Memo Ite	em	
_	Full Name (Last, First, Middle Initial)						
C.	Facebook				Date of Disbu	ursement	
	Mailing Address 1 Hacker Way					05 / Y Y Y Y Y Y 2018	
	City	State	Zip Code		FEC Identifica	ation Number	
	Menlo Park Purpose of Disbursement	CA	94025				
	Digital Advertising/GOTV	C					
	Candidate Name	Category/ Type		tion ID: SB29.4186 ach Disbursement this Period			
		ment For: 2	2018			5682.00	
	Senate						
	State: District:	Other (spec	City) \blacktriangledown		Memo Ite	em	
Г							
s	UBTOTAL of Disbursements This Page (optional)					18456.02	
ļ_	OTAL This Period (last page this line number and)						
	OTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)	Use separate schedule		FOR LINE NUMBER: PAGE 8 OF 20 (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ne check only	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) PACTION					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
- Facebook	acebook				
Mailing Address 1 Hacker Way			11 07 2018		
City Menlo Park	State Zip Code CA 94025		FEC Identification Number		
Purpose of Disbursement Digital Advertising/GOTV Candidate Name			Transaction ID : SB29.4185		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Senate	ement For: 2018 Primary Genera	al	10000.00		
State: President State:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) - Robinson, John, , ,		Date of Disbursement			
Mailing Address 2200 19th ST NW #309	Mailing Address 2200 19th ST NW #309				
City Washington Purpose of Disbursement	State Zip Code 20009		FEC Identification Number		
Consulting/Political Strategy Candidate Name		Category/ Type	Transaction ID : SB29.4175 Amount of Each Disbursement this Period		
Senate	ement For: 2018 Primary		825.00		
State: President District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) Sandler Reiff Lamnb Rosenstein I	Birkenstock		Date of Disbursement		
Mailing Address 1090 Vermont Avenue, NW S750			11 01 2018		
City Washington	State Zip Code 20005		FEC Identification Number		
Purpose of Disbursement Legal Fees			Transaction ID : SB29.4181		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For: 2018 Primary General Other (specify) ▼	al	750.00		
1 TOSIGETIL	outer (specify) ▼		Memo Item		

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SCHEDULE B (FEC Form 3X)	Haa	woto och salitic (1)	FOR LINE		PAGE 9 OF 20
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		02
		Summary Page	21b 28a		23 26 27 28c x 29 30b
Any information copied from such Reports and Stater	ments may i	not be sold or use	ed by any pers	on for the purpo	se of soliciting contributions
or for commercial purposes, other than using the nan	ne and addr	ress of any politic	al committee to	solicit contribut	ions from such committee.
PACTION					
Full Name (Last, First, Middle Initial) A. Swayable				Date of Disb	
Mailing Address 30 Cooper Sq., 4th FL				11	15 / 2018
New York	State NY	Zip Code 10003			ation Number
Purpose of Disbursement Software				C	
Candidate Name			Category/ Type		tion ID: SB29.4177 ach Disbursement this Period
Senate	ment For: 2	x General			15333.33
State: President State:	Other (spec	CITY) \		Memo Ite	em
Full Name (Last, First, Middle Initial) B.				Date of Disb	ursement
Mailing Address				M = M /	D D / Y Y Y Y
Mailing Address					
•	State	Zip Code		FEC Identific	ation Number
Purpose of Disbursement				C	
Candidate Name			Category/ Type	Amount of Ea	ach Disbursement this Period
Office Sought: House Disburser					
Senate President	Primary Other (spec	General Cify)		Memo Ite	em
State: District: Full Name (Last, First, Middle Initial)					
C.				Date of Disb	ursement
Mailing Address					
City	State	Zip Code		FEC Identific	ation Number
Purpose of Disbursement		С			
Candidate Name	Category/ Type	Amount of Ea	ach Disbursement this Period		
Office Sought: House Disburser Senate	ment For: Primary	General			1 4 1 4 1
State: District:	Other (spec			Memo Ite	em
SUBTOTAL of Disbursements This Page (optional)			·····•		15333.33
TOTAL This Period (last page this line number only))				45364.35

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 10 OF FOR LINE NUMBER:

(check only one) 9 **X** 10

20

NAME OF COMMITTEE (In Full) PACTION						
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):					
Sandler Reiff Lamnb Rosensteir	Legal Fees					
Mailing Address 1090 Vermont Avenue, NW S750						
City Washington	State DC	Zip Code 20005				
Outstanding Balance Beginning This Period			Transaction ID : SD10.4100			
750.00						
Amount Incurred This Period	Pavr	nent This Period	Outstanding Balance at Close of This Period			
0.00		0.00	750.00			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):			
			, , , , , , , , , , , , , , , , , , ,			
Mailing Address						
City	City State Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Outstanding Balance at Close of This Period					
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):			
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period			
SUBTOTALS This Period This Page (optional)			750.00			
2) TOTALS This Period (last page this line number of	only)		750.00			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	0.00			
4) ADD 2) and 3) and carry forward to appropriate li	750.00					

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 20
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
		·		
Full Name of Payee Facebook		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 1 Hacker Way			Amo	
City	State	Zip Code	<u> —</u> г	2614.69
Menlo Park	CA	94025		nsaction ID : SE.4105 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertiing		Category/ Type 004		M M / D D / Y Y Y Y Y 1 Y 1 1 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 18
BAER, LAUREN, , ,		Oppose		ident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2614.69	Disbursem 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				
			Amo	ount
City	State	Zip Code		1900.27
Menlo Park	CA	94025		nsaction ID : SE.4108 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertiing		Category/ Type 004		11 01 / 2018 2018
Name of Federal Candidate:		∡ Support	Office Sou	ght: X House District: 26
MUCARSEL-POWELL, DEBBIE, , ,		Oppose	Pres	ident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	1900.27	Disbursem 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures				4514.96
(a) 30213172 of norm200 mappendone Exponditures				1014.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	[Electronically File	ed1	M = M	/ D D / Y Y Y Y
Signature		Date	12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee Facebook		☐ Memo	Item Date	of Public Distribution/Dissemination
			[11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	ınt
City	State	Zip Code	— r	309.65
Menlo Park	CA	94025	Trans	saction ID : SE.4111
Purpose of Expenditure		Category/		of Disbursement or Obligation
Digital Advertiing		Type 004		11 01 2018
Name of Federal Candidate:		X Support	Office Soug	ht: 🗶 House District:27
SHALALA, DONNA, , ,		Oppose	Presid	lent Senate State: FL
Calendar Year-To-Date		309.65	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7 7 -	309.03	2018	Other (specify) ▶
Full Name of Payee Facebook		☐ Memo	Item Date	of Public Distribution/Dissemination
racebook				11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	int
	l a		741100	
City Menlo Park	State	Zip Code	Tran	85.82 saction ID : SE.4113
Purpose of Expenditure	CA	94025		of Disbursement or Obligation
Digital Advertiing		Category/ Type 004		11 01 7 2018
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 15
CARLSON, KRISTEN, , ,		Oppose	Presid	lent Senate State: FL
Calendar Year-To-Date		85.82	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7	00.02	2018	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures .			· •	395.47
(b) SUPTOTAL of Uniterprised Independent Expenditure	20			
(b) SUBTOTAL of Unitemized Independent Expenditure	35		•	7 7 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Haggard, Lora, , ,	Electronically File	ed1	M = M /	D D / Y Y Y Y Y
Signature	элси отсину Т Ш	Date	12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee Facebook		☐ Memo	Item	Date of Public Distribution/Dissemination
1 doebook				11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				Amount
City	State	Zip Code		85.69
Menlo Park	CA	94025		Transaction ID : SE.4115 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertiing		Category/ Type 004		M M M / O1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: M House District: 03
DAVIDS, SHARICE, , ,		Oppose	l	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	85.69	Disbur 2018	sement For:
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				Amount
City	Ctata	Zin Codo		2714.82
Menlo Park	State	Zip Code 94025		Transaction ID : SE.4132 Date of Disbursement or Obligation
Purpose of Expenditure Digitial Advertising	1	Category/ Type 004		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		0	011	Sought: W House District: 18
BAER, LAUREN, , ,		Support Oppose		Sought: House District: 18 President Senate State: FL
Calendar Year-To-Date				sement For: Primary X General
Per Election for Office Sought	<u> </u>	5329.51	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	2800.51
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
			,	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	Electronically Fil	ed1 -		M / D D / Y Y Y Y Y
Signature		_ Date	e 12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 20
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Ar	nount
City	State	Zip Code	— г	1708.86
Menlo Park	CA	94025	L	ransaction ID : SE.4134
Purpose of Expenditure				ate of Disbursement or Obligation
Digitial Advertising		Category/ Type 004	•	11 02 7 2018
Name of Federal Candidate:		✗ Support	Office Sc	ought: 🗶 House District: 26
MUCARSEL-POWELL, DEBBIE, , ,		Oppose	Pre	esident Senate State: FL
Calendar Year-To-Date		2600.42		ment For: Primary 🗶 General
Per Election for Office Sought	7 7	3609.13	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				
,			Ar	nount
City	State	Zip Code		289.97
Menlo Park	CA	94025		ransaction ID : SE.4135 ate of Disbursement or Obligation
Purpose of Expenditure Digitial Advertising		Category/ 004		M - M / D - D / Y - Y - Y - Y - 1
Digital / total ling		Type 004		11 02 2010
Name of Federal Candidate:		x Support	Office So	ought: House District: 27
SHALALA, DONNA, , ,		Oppose	Pre	esident Senate State: FL
Calendar Year-To-Date		599.62		ment For: Primary 🗶 General
Per Election for Office Sought	7 - 1 - 7 -		2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1998.83
(b) SUPTOTAL of Uniterprized Independent Expanditu	roo		. г	
(b) SUBTOTAL of Unitemized Independent Expenditu	165		•	
(c) TOTAL Independent Expenditures			[
			, _	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	[Flootronicall. F:1	adl	M = M	/ D D / Y Y Y Y Y
Signature	[Electronically Fil	eaj Date	9 12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee Facebook		☐ Memo	Item [Date of Public Distribution/Dissemination
				11 02 7 7 7 7 7
Mailing Address 1 Hacker Way			A	Amount
City	State	Zip Code		136.31
Menlo Park	CA	94025		Fransaction ID : SE.4137 Date of Disbursement or Obligation
Purpose of Expenditure Digitial Advertising		Category/ Type 004		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: House District: 03
DAVIDS, SHARICE, , ,		Oppose		resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	222.00	Disburs 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Facebook				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			A	Amount
City	State	Zip Code		132.96
Menlo Park	CA	94025		Transaction ID : SE.4138 Date of Disbursement or Obligation
Purpose of Expenditure Digitial Advertising		Category/ Type 004		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: X House District:15
CARLSON, KRISTEN, , ,		Oppose		resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		132.96	Disburs 2018	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				269.27
(IN CURTOTAL of Unitersined Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	Electronically Fil	ed]	M = M	06 2018
Signature		_ Date	9 12	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee Facebook		Memo	Item	Date of Public Distribution/Dissemination
				11 04 2018
Mailing Address 1 Hacker Way				Amount
City	State	Zip Code		3250.14
Menlo Park	CA	94025		Transaction ID : SE.4148 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004		11 04 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 18
BAER, LAUREN, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	8579.65	Disburs 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				Amount
Oit.	Otata	Zin Code		1546.38
City Menlo Park	State	Zip Code 94025		Transaction ID : SE.4150
Purpose of Expenditure		Category/		Date of Disbursement or Obligation
Digital Advertising		Type 004		11 04 2018
Name of Federal Candidate:		🗶 Support	Office	Sought: House District: 26
MUCARSEL-POWELL, DEBBIE, , ,		Oppose	F	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	1	5155.51	Disburs 2018	sement For: Primary ✓ General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				4796.52
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	Electronically Fil	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 12	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Facebook		Memo	Item	Date of Public Distribution/Dissemination
A4.35 A 4.1				11 04 2018
Mailing Address 1 Hacker Way				Amount
City	State	Zip Code		68.80
Menlo Park	CA	94025		Transaction ID : SE.4152 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004		11 04 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 03
DAVIDS, SHARICE, , ,		Oppose		President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	290.80	Disbur 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				Amount
City	State	Zip Code		55.65
Menio Park	CA	94025		Transaction ID : SE.4153 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	1	Category/ Type 004		11 04 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 15
CARLSON, KRISTEN, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	141.47	Disbur 2018	sement For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	124.45
(A) CUPTOTAL of United in a declarate for a self-			Ī	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Haggard, Lora, , ,	Electronically Fil	ed]		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 12	2016

TEMIZED INDEFENDENT EXPENDITOR	_3			PAGE 18 OF 20
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
PACTION				FEC IDENTIFICATION NUMBER ▼
TACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Facebook				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			A	Amount
City	State	Zip Code		79.09
Menlo Park	CA	94025		Fransaction ID : SE.4154 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004		11 04 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 27
SHALALA, DONNA, , ,		Oppose		resident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		678.71	Disburs 2018	ement For: Primary
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Facebook				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 1 Hacker Way				Amount
		I =		10070.00
City Morte Park	State	Zip Code		10376.23 Transaction ID : SE.4160
Menlo Park	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004		11 05 / Y Y Y Y Y
Name of Federal Candidate:		∡ Support	Office S	Sought: X House District: 18
BAER, LAUREN, , ,		Oppose		resident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		18955.88	Disburs	ement For: Primary General
	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditu	ures			10455.32
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized	•		•
Haggard, Lora, , ,	[Electronically File	ed] Date	M = N 12	06 2018
Signature	-		12	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 20
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Aı	mount
O'h	04-4-	7:- 0-1-	— г	
City	State	Zip Code 94025		1277.17 ransaction ID : SE.4161
Menlo Park	CA	94023		ate of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004	1	11 05 7 2018
Name of Federal Candidate:		X Support	Office So	ought: 🗶 House District: 26
MUCARSEL-POWELL, DEBBIE, , ,		Oppose	Pr	esident Senate State: FL
Calendar Year-To-Date		6432.68		ment For: Primary X General
Per Election for Office Sought	7-1-1-7	0432.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				
				mount
City	State	Zip Code		787.25
Menlo Park	CA	94025		ransaction ID : SE.4162 ate of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fadaral Condidate.				
Name of Federal Candidate: DAVIDS, SHARICE, , ,		✗ Support	Office So	
DAVIDO, SHARICE, , ,		Oppose		esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		1078.05	Disburse	ment For: Primary Seneral
To Elocation to Company	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	2064.42
(b) SUBTOTAL of Unitemized Independent Expenditu	res		Г	
			_	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	[Electronically File	edl -	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PACTION				C C00665844
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook				M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1 Hacker Way				11 00 2010
				Amount
City	State	Zip Code		763.46
Menlo Park	CA	94025		Transaction ID: SE.4163 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004	4	11 05 2018
Name of Federal Candidate:		X Support	Office	Sought: X House District: 15
CARLSON, KRISTEN, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	-	904.93	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 1 Hacker Way				11 03 2010
Thater way				Amount
City	State	Zip Code		244.71
Menlo Park	CA	94025		Transaction ID : SE.4164 Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Digital Advertising		Type 004		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 27
SHALALA, DONNA, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date		022.42		rsement For: Primary X General
Per Election for Office Sought	-	923.42	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	í		. •	1008.17
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures			. •	28427.92
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Haggard, Lora, , ,	[Electronically File	ed1 –	M	M / D D / Y Y Y Y
Signature		Date	e 1:	2 06 2018