

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

Operating Engineers Local 98 POL Action Committee - Social Action Fund

ADDRESS (number and street) 2 CENTER SQ PO BOX 217

Check if different than previously reported. (ACC) EAST LONGMEADOW MA 01028

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00142083

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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)

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

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

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

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

Signature of Treasurer FAY, WILLIAM, D, , [Electronically Filed] Date 01 / 06 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Operating Engineers Local 98 POL Action Committee - Social Action Fund

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="2019"/>		62569.27
(b) Cash on Hand at Beginning of Reporting Period.....	52616.08	
(c) Total Receipts (from Line 19)	11139.77	16266.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63755.85	78835.97
7. Total Disbursements (from Line 31).....	5277.08	20357.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58478.77	58478.77
9. 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)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Operating Engineers Local 98 POL Action Committee - Social Action Fund

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

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).....	11128.10	16244.59
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11128.10	16244.59
(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)	11128.10	16244.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	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.).....	11.67	22.11
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)).....▶	11139.77	16266.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11139.77	16266.70

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	276.03	276.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	276.03	276.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	72.95
(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	72.95
29. Other Disbursements (Including Non-Federal Donations).....	1.05	7.72
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)) ..	5277.08	20357.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5277.08	20357.20

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)	11128.10	16244.59
34. Total Contribution Refunds (from Line 28(d))	0.00	72.95
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11128.10	16171.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	276.03	276.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	276.03	276.53

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

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

NAME OF COMMITTEE (In Full)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
5686.05

Date of Receipt
MM / DD / YYYY
07 / 03 / 2019

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period
669.56

Memo Item
MEMBERS CONTRIBUTION

B. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
6868.32

Date of Receipt
MM / DD / YYYY
07 / 22 / 2019

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
1182.27

Memo Item
MEMBERS CONTRIBUTION

C. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
7341.30

Date of Receipt
MM / DD / YYYY
08 / 05 / 2019

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
472.98

Memo Item
MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2224.81
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 12
	<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)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
8341.30

Date of Receipt
08 / 12 / 2019

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
1000.00

Memo Item
MEMBERS CONTRIBUTION

B. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
9396.62

Date of Receipt
08 / 16 / 2019

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
1055.32

Memo Item
MEMBERS CONTRIBUTION

C. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
9779.64

Date of Receipt
09 / 11 / 2019

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
383.02

Memo Item
MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2438.34
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 12
	<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)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
11312.81

Date of Receipt
MM / DD / YYYY
09 / 24 / 2019

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
1533.17

Memo Item
MEMBERS CONTRIBUTION

B. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
11860.15

Date of Receipt
MM / DD / YYYY
10 / 07 / 2019

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
547.34

Memo Item
MEMBERS CONTRIBUTION

C. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
12423.28

Date of Receipt
MM / DD / YYYY
10 / 18 / 2019

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
563.13

Memo Item
MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2643.64
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 12
	<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)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
13309.10

Date of Receipt
MM / DD / YYYY
11 / 07 / 2019

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
885.82

Memo Item
MEMBERS CONTRIBUTION

B. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
14621.88

Date of Receipt
MM / DD / YYYY
11 / 22 / 2019

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
1312.78

Memo Item
MEMBERS CONTRIBUTION

C. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW State MA Zip Code 01028

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 ▼
15346.97

Date of Receipt
MM / DD / YYYY
12 / 18 / 2019

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
725.09

Memo Item
MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2923.69
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 10 OF 12
(check only one)

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

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NAME OF COMMITTEE (In Full)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. IUOE LOCAL 98 HEALTH AND WELFARE FUND

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

Mailing Address 2 CENTER SQUARE
P.O. BOX 217

City EAST LONGMEADOW	State MA	Zip Code 01028
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16244.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
897.62

Memo Item
MEMBERS CONTRIBUTION

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	897.62
TOTAL This Period (last page this line number only).....	11128.10

**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)

Operating Engineers Local 98 POL Action Committee - Social Action Fund

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address P.O. BOX 351270

City NEW BRAUNFELS State TX Zip Code 78135

Purpose of Disbursement CHECK AND DEPOSITS SLIPS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4238

Amount of Each Disbursement this Period

276.03

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

276.03

276.03

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Operating Engineers Local 98 POL Action Committee - Social Action Fund

A. KUSTER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
CAMPAING CONTRIBUTION

Candidate Name

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

State: District:

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

FEC Identification Number
C C00462861
Transaction ID : SB23.4241
Amount of Each Disbursement this Period
5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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