

**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="2018"/>	<input type="text" value="48328.07"/>	<input type="text" value="48328.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="57506.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="144080.78"/>	<input type="text" value="283299.68"/>
(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="201587.46"/>	<input type="text" value="331627.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54532.80"/>	<input type="text" value="184573.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="147054.66"/>	<input type="text" value="147054.66"/>
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="16339.84"/>	

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

STARS AND STRIPES FOREVER PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y Y 03 / 31 / 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).....	122925.18	180067.18
(ii) Unitemized	17074.63	81650.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	139999.81	261717.65
(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)	139999.81	261717.65
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.).....	4080.97	21582.03
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)).....▶	144080.78	283299.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	144080.78	283299.68

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	28465.91	96956.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28465.91	96956.70
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)	26014.89	87564.39
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	52.00	52.00
(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)).....	52.00	52.00
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)) ..	54532.80	184573.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54532.80	184573.09

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)	139999.81	261717.65
34. Total Contribution Refunds (from Line 28(d))	52.00	52.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	139947.81	261665.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28465.91	96956.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28465.91	96956.70

**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 84
	<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)
STARS AND STRIPES FOREVER PAC

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

Mailing Address 6 JUXON CT

City BALTIMORE	State MD	Zip Code 21236
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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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2018

Transaction ID : A920BE89EB7AA479490A

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1601 BERKELEY DR

City LOMPOC	State CA	Zip Code 93436-7113
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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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2018

Transaction ID : AC4ACD16920D94EAF9AE

Amount of Each Receipt this Period
225.00

Memo Item

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

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2018

Transaction ID : A18B3F51FADD24B66B2F

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 84
<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. PARKS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 CORVO CRISTA
 City ALTO State NM Zip Code 88312
 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 03 / 02 / 2018
Transaction ID : A5E04181FB4984714B6C
 Amount of Each Receipt this Period 1000.00
 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 ▼ 225.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A013280F03AB14A22B0B
 Amount of Each Receipt this Period 75.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A0F2569235B8443568BD
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1175.00
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 84
	<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. NIKKEL, JOHN, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 W 84TH ST
 City TULSA State OK Zip Code 74132
 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 03 / 05 / 2018
Transaction ID : A480A546349C741C9A7F
 Amount of Each Receipt this Period 300.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A28838EDFC68843C78A9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. REINHARD, DONALD, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 HARVARD AVE
 City PALMERTON State PA Zip Code 18071
 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 03 / 06 / 2018
Transaction ID : A48B0F455F6844E69A45
 Amount of Each Receipt this Period 500.00
 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: (check only one)	PAGE 9 OF 84
	<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. BONWELL, MARYALICE, E, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1704 VILLAGE DR

City LYNDEN	State WA	Zip Code 98264-1283
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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
03		12		2018

Transaction ID : ACCE703B5CC304E16871

Amount of Each Receipt this Period
100.00

Memo Item

B. RUTHERFORD, WILLIAM, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 42

City GENESEO	State IL	Zip Code 61254
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FEC ID number of contributing federal political committee. **C**

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

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
03		12		2018

Transaction ID : A3014F27F708147C8B91

Amount of Each Receipt this Period
1000.00

Memo Item

C. ROSCHE, MARIE, L, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1431 FOSTER DR

City RENO	State NV	Zip Code 89509-1209
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2018

Transaction ID : A8454A891318540CFBEB

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 84
<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. WOLLRAB, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 205.00

Date of Receipt 03 / 12 / 2018
Transaction ID : A77B8006AA639488AA60
 Amount of Each Receipt this Period 35.00
 Memo Item

B. O'NEILL, HARVEY, E, MR & MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 FONTAINBLEAU DR
 City MANDEVILLE State LA Zip Code 70471-6434
 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 03 / 13 / 2018
Transaction ID : AE20CC9FBBBCBA434782D
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WOLLRAB, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 305.00

Date of Receipt 03 / 15 / 2018
Transaction ID : AEA0D5A7DDCEC429597E
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 84
	<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. ROSENBERG, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34846 CHANCEY RD
 City ZEPHYRHILLS State FL Zip Code 33541-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITY OF TAMPA Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A5297A0D6C1C84885BFF
 Amount of Each Receipt this Period 360.00
 Memo Item

B. ANDERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 WABANSI TRL
 City PAW PAW State IL Zip Code 61353
 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 03 / 16 / 2018
Transaction ID : ADD02DE4DCB91486BB77
 Amount of Each Receipt this Period 250.00
 Memo Item

C. ENGELMAN, F, C, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1849 LA BELLEZZA GRV
 City COLORADO SPRINGS State CO Zip Code 80919
 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 03 / 16 / 2018
Transaction ID : AE359512DB63943ACB90
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 910.00
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 12 OF 84
	<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. BETTIS, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 7

City EMMETT	State ID ID	Zip Code 83617
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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 ▼
3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A4801B4BC0A344E3C862

Amount of Each Receipt this Period
1500.00

Memo Item

B. EYESTONE, MAYNARD, M, DR., PHD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2803 E WINGER RD

City MEAD	State WA	Zip Code 99021
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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 ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A49877C0EDB484C809FF

Amount of Each Receipt this Period
50.00

Memo Item

C. REITZ, CHASKA, HALL, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3027 PASCAL ST

City SAINT PAUL	State MN	Zip Code 55113
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : ABDEA1393D5A046ED899

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 84
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. POINSATTE, RICHARD, A J, ,		Date of Receipt
Mailing Address 1840 FLORIDA DR		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2018"/>
City FORT WAYNE	State IN	Zip Code 46805
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A056A73EC1F734BCE843
Name of Employer (for Individual) STEEL DYNAMICS, INC		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) TREASURER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAPKE, CHARLES, , ,		Date of Receipt
Mailing Address 141 E MADISON AVE APT 408		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2018"/>
City SAINT LOUIS	State MO	Zip Code 63122
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A88A96B8D95844C4CB59
Name of Employer (for Individual) SELF EMPLOYED		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) LAWYER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RIES, MELVIN, A, MR,		Date of Receipt
Mailing Address 3585 ROUND BARN BLVD APT 329		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2018"/>
City SANTA ROSA	State CA	Zip Code 95403-0145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ADC7E492DFC114AC8AED
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 84
	(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. 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) 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
03		19		2018

Transaction ID : A1AF61F3E48194799BF0

Amount of Each Receipt this Period
200.00

Memo Item

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

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2018

Transaction ID : AF1DA56DDE7554DBDB17

Amount of Each Receipt this Period
200.00

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2018

Transaction ID : A7FFEA208CBB34F45A7A

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 84
	<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. ELAM, LULU, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 HAMPTON AVE
 City NASHVILLE State TN Zip Code 37215
 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 ▼ 500.00

Date of Receipt 03 / 20 / 2018
Transaction ID : ABC103EE67B314E22960
 Amount of Each Receipt this Period 500.00
 Memo Item

B. HURLER-LANDI, HELEN, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 MIDLAND AVE APT 1E
 City BRONXVILLE State NY Zip Code 10708
 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 03 / 20 / 2018
Transaction ID : A1EB669416D694B4B8BA
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A1B168AFCD19844FFBE6
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 16 OF 84
	(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. 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) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : AEA74B15DFFBB4513BE6

Amount of Each Receipt this Period
100.00

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) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : ADD7307D69E5144A5972

Amount of Each Receipt this Period
20.18

Memo Item

C. 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 ▼
231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : AFCA037EEF2304B279A5

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.18
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 84
<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. MULLINS, WILLIAM, S, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 TWIN OAKS PL

City LAUREL	State MS	Zip Code 39440
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HORTMAN HARLOW LAW	Occupation (for Individual) LAWYER
---	---------------------------------------

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
03	/	26	/	2018

Transaction ID : AFBF2626E7ACF46F9842

Amount of Each Receipt this Period
150.00

Memo Item

B. CURTIS, JOHN, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 MANOR RD

City MAITLAND	State FL	Zip Code 32751
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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 ▼
102018.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : A3257A311CDA6449CA3B

Amount of Each Receipt this Period
100000.00

Memo Item

C. 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
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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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : A1884F3E0F806475B81B

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100400.00
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 84
	<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. VARSEL, CHARLES, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7907 ALETA DR
 City SPRING State TX Zip Code 77379-6104
 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 03 / 29 / 2018
Transaction ID : A958255E46F7847A294D
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LOVELACE, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4974 RIO VERDE DR
 City SAN JOSE State CA Zip Code 95118
 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 03 / 29 / 2018
Transaction ID : A2E5517E43D0B48A896D
 Amount of Each Receipt this Period 300.00
 Memo Item

C. HOLTON, LEYLA, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10288 IRON ORE RD
 City CONROE State TX Zip Code 77303-2410
 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 03 / 29 / 2018
Transaction ID : A78FE2209A5054664A67
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 84
<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. 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
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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
03	/	29	/	2018

Transaction ID : A8DB2AEDE4F1E4186A89

Amount of Each Receipt this Period
50.00

Memo Item

B. THUNDER-HAAB, KETURAH, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436 PINE BRAE DRIVE

City ANN ARBOR	State MI	Zip Code 48105-2723
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : A4A1E891A34B649939EB

Amount of Each Receipt this Period
600.00

Memo Item

C. SEMLER, SHIRLEY, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1053 CHAMBERS RD

City HORSEHEADS	State NY	Zip Code 14845-8948
--------------------	-------------	------------------------

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

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

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
03	/	29	/	2018

Transaction ID : A8523DC7F9E7548049D9

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 84
	<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. 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 ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2018

Transaction ID : A542924D6B69F48D48E5

Amount of Each Receipt this Period
500.00

Memo Item

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

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) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2018

Transaction ID : ADA629E5C15D4405D9BE

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2018

Transaction ID : AACA468633BEB4E89B1D

Amount of Each Receipt this Period
150.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 84
	<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. BROWN, HELEN, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 W MAIN ST
 City SILVER LAKE State IN Zip Code 46982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WARSAWCOMMUNITYHIGHSCHOOL Occupation (for Individual) CASHIER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 30 / 2018
Transaction ID : AFD678C4F52084E55BF6
 Amount of Each Receipt this Period 500.00
 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 ▼ 300.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A4534AFB797524F58BEA
 Amount of Each Receipt this Period 100.00
 Memo Item

C. STAR, RICHARD, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19045 THOMSON DR UNIT I-204
 City BROOKFIELD State WI Zip Code 53045-5174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENGMAN-TAYLOR COMPANY Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A5F17B1D7779F436AB80
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 22 OF 84
<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. RUST, ROBERT, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6670 RIVIERA DR
 City CORAL GABLES State FL Zip Code 33146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US DEPT OF JUSTICE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : AA68A74D7E5F14F7A865
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. STAROSTOVIC, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2620 MARILYN DR
 City STOUGHTON State WI Zip Code 53589
 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 03 / 30 / 2018
Transaction ID : A6B698DFBCC5F4BBD89C
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. RITSCH, SHEILA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 SAVANNAH WAY
 City PARADISE State CA Zip Code 95969
 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 03 / 30 / 2018
Transaction ID : AC6E1EF0793514105B23
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8000.00
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 23 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 23755 MIDDLEBELT RD

City FARMINGTON HILLS State MI Zip Code 48336

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) FORD MOTOR COMPANY Occupation (for Individual) ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A04FA19C3EEB6459FAAE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3911 APPALACHIAN TRL

City KINGWOOD State TX Zip Code 77345-1022

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A54F5BA06008C49B5969

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.

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="122925.18"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. OMEGA LIST COMPANY

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 ▼
21415.36

Date of Receipt
MM / DD / YYYY
03 / 19 / 2018

Transaction ID : **A340EE3EAF89C4392922**

Amount of Each Receipt this Period
4080.97

Memo Item
LIST RENTAL

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4080.97
TOTAL This Period (last page this line number only).....▶	4080.97

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SISK FULFILLMENT SERVICES

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632

Purpose of Disbursement
FUNDRAISING PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C
Transaction ID : BEAA6FC975
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PINKSTON GROUP

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

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C
Transaction ID : B498E52A14F
Amount of Each Disbursement this Period
1000.00

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
FUNDRAISING DIRECT MAIL MATERIALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C
Transaction ID : B03E8B93CF
Amount of Each Disbursement this Period
116.50

Memo Item

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

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

1616.50

**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. SAVANNA COMMUNICATIONS

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B339860D6AI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ZIP MAILING SERVICES, INC.

Mailing Address 6304 SHERIFF RD. STE Z

City
LANDOVER

State
MD

Zip Code
20785

Purpose of Disbursement
FUNDRAISING DIRECT MAIL POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B3016A46CDI
Amount of Each Disbursement this Period

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
FUNDRAISING DIRECT MAIL DATA CENTER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BAE6414185
Amount of Each Disbursement this Period

Memo Item

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

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. 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
03 / 12 / 2018

FEC Identification Number

C
Transaction ID : B2D13EB718
Amount of Each Disbursement this Period
1104.93

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN FUNDING DIRECT

Mailing Address 1420 SPRING HILL ROAD, SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement
FUNDRAISING ONLINE CREATIVE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C
Transaction ID : BC22C713BF
Amount of Each Disbursement this Period
1736.99

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
EMAIL DISTRIBUTION SERVICE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C
Transaction ID : BE01C5581B
Amount of Each Disbursement this Period
233.19

Memo Item

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

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

3075.11

**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. DESERT FOX STRATEGIC COMMUNICATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2018

Mailing Address 5841 E CHARLESTON BLVD
SUITE 230-226

City MT REAGAN State NV Zip Code 89142

Purpose of Disbursement
COMMUNICATIONS CONSULTING

FEC Identification Number

C [REDACTED]

Transaction ID : BA7729276C
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. SOUSA, JOHN, P, , IV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2018

Mailing Address 11-C TALCOTT FOREST RD
UNIT C

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

FEC Identification Number

C [REDACTED]

Transaction ID : B43CB044B9!
Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

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

State: District:

Full Name (Last, First, Middle Initial)

C. SARACINO, WILLIAM, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2018

Mailing Address 3625 ANGELUS AVE

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

FEC Identification Number

C [REDACTED]

Transaction ID : BE275CB19E
Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

State: District:

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

[REDACTED] 6000.00

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. ATKINSON, MAURICE, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018	
Mailing Address 695 FRIAR TUCK LN		FEC Identification Number C [REDACTED] Transaction ID : B2AA392700I 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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018	
Mailing Address 2812 EMERYWOOD PARKWAY		FEC Identification Number C [REDACTED] Transaction ID : BAA73DA20A Amount of Each Disbursement this Period [REDACTED] 103.85	
City RICHMOND	State VA	Zip Code 23294	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL SERVICE FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. ATKINSON, MAURICE, , ,		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 695 FRIAR TUCK LN		FEC Identification Number C [REDACTED] Transaction ID : B353B8A92C 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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1603.85
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

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C
Transaction ID : B25CEC4A59
Amount of Each Disbursement this Period: 3500.00

Memo Item

B. 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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C
Transaction ID : BE28266E8F2
Amount of Each Disbursement this Period: 2977.35

Memo Item

C. FIRST VIRGINIA COMMUNITY BANK

Full Name (Last, First, Middle Initial)

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C
Transaction ID : BEE8A8FA1
Amount of Each Disbursement this Period: 908.43

Memo Item

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

7385.78

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

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
EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : **BBAB74C988**

Amount of Each Disbursement this Period: 2302.25

Memo Item

B. DELTA AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : **B97C7487AD1**

Amount of Each Disbursement this Period: 977.00

Memo Item

C. THE RITZ-CARLTON

Full Name (Last, First, Middle Initial)

Mailing Address 4445 WILLARD AVE #800

City CHEVY CHASE State MD Zip Code 20815-3699

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : **B461666C831**

Amount of Each Disbursement this Period: 280.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2302.25

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

A. WESTIN HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 12720 MERIT DR

City DALLAS State TX Zip Code 75251-1206

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : BE06CA4983

Amount of Each Disbursement this Period: 729.60

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:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶ 28407.59

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Full Name (Last, First, Middle Initial)
O'BRIEN, MARIE, T, ,

Mailing Address 95 RAVENSWOOD RD

City WALTHAM State MA Zip Code 02453

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number: C

Transaction ID : BA692630A3

Amount of Each Disbursement this Period: 52.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	52.00
TOTAL This Period (last page this line number only).....▶	52.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 84
	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 159.00		Transaction ID : D324946E7B4D34D22BFE	
Amount Incurred This Period 0.00	Payment This Period 159.00	Outstanding Balance at Close of This Period 0.00	

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 159.00		Transaction ID : DAA0865A952A84241B43	
Amount Incurred This Period 0.00	Payment This Period 159.00	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 244.23		Transaction ID : DD54416031CF4433088F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.23	

1) SUBTOTALS This Period This Page (optional).....▶	244.23
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 35 OF 84
	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 <input type="text" value="273.24"/>	Transaction ID : DA8156797FD4D47E8B14	
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="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 <input type="text" value="273.24"/>	Transaction ID : D98A87E4F404B40388DF	
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="273.24"/>

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 <input type="text" value="273.24"/>	Transaction ID : DBF7F8685DFCC4322AB7	
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="273.24"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="819.72"/>
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 36 OF 84
	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 1753.57	Transaction ID : D6559BDE95FDC440AB0C	
Amount Incurred This Period 0.00	Payment This Period 703.95	Outstanding Balance at Close of This Period 1049.62

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 244.23	Transaction ID : D26DA05EEE5CC4FA5B7E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.23

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 244.30	Transaction ID : DB3A9E4511F0D43FE9F0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.30

1) SUBTOTALS This Period This Page (optional)..... ▶	1538.15
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 37 OF 84
	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 159.00	Transaction ID : D9A011C1828444FDBAD5	
Amount Incurred This Period 0.00	Payment This Period 159.00	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 244.23	Transaction ID : DA0FBCA46033F4EB4A1F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.23

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 4151.87	Transaction ID : D028535DA69314A7A905	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4151.87

1) SUBTOTALS This Period This Page (optional)..... ▶	4396.10
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 38 OF 84
	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="2070.68"/>	Transaction ID : DBBAF873E56134D09B8A	
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="2070.68"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
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="21.43"/>	Transaction ID : D3D673C84A57D451BB43	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21.43"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
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="233.72"/>	Transaction ID : D2DD79692D30F4D23A3C	
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="233.72"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2304.40"/>
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 39 OF 84
	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 AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D24ED4F87A1204D2EBAD	
21.43			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	21.43	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period		Transaction ID : D65645BB8D01C44E4932	
91.62			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	91.62	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period		Transaction ID : D1806221455AE4B3B8D5	
91.62			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	91.62	

1) SUBTOTALS This Period This Page (optional)..... ▶	183.24
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 40 OF 84
	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 MAILSHOP
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="233.72"/>	Transaction ID : D2444F67F4C7647879A5	
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="233.72"/>

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 <input type="text" value="21.43"/>	Transaction ID : D14EE7A656CEF45E0B4F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21.43"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
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="21.43"/>	Transaction ID : DD78F75C4ECA742D5BBB	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21.43"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="233.72"/>
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 41 OF 84
	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 MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 233.72	Transaction ID : D102E9DB4F6A14FE8885	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 233.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : D119D60642EF84616A08	
Amount Incurred This Period 0.00	Payment This Period 21.43	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 PRINTING
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D3446C5E6DDB54E7088F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62

1) SUBTOTALS This Period This Page (optional)..... ▶	325.34
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 42 OF 84
	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 AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43		Transaction ID : D978F6BDB39654BA5848	
Amount Incurred This Period 0.00	Payment This Period 21.43	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43		Transaction ID : D5A1AEC35559B4A02B8A	
Amount Incurred This Period 0.00	Payment This Period 21.43	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 MATERIALS	
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62		Transaction ID : DC0D1925BD35D48D1BBD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62	

1) SUBTOTALS This Period This Page (optional)..... ▶	91.62
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 43 OF 84
	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 MAILSHOP
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="233.72"/>	Transaction ID : D86B4480771384ACE93A	
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="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
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="233.72"/>	Transaction ID : DC9FE662DFC7E4CCFA72	
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="233.72"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
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="91.62"/>	Transaction ID : DC193719F1A2C4B7E9B9	
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="91.62"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="559.06"/>
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 44 OF 84
	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 MAILSHOP
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="233.72"/>	Transaction ID : DB9310EF9F2A249FBB9F	
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="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALTIM			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
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="91.62"/>	Transaction ID : D52E1DCB1A8904F43889	
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="91.62"/>

C. 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="233.72"/>	Transaction ID : D1BE15C2E078A4649BBF	
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="233.72"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="559.06"/>
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 45 OF 84
	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 MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D76E2D6122FBA4BEB94E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : D6ED99D8511814FFF9FC	
Amount Incurred This Period 0.00	Payment This Period 21.43	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 MAILSHOP
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 233.72	Transaction ID : D8BE6D1D177014E7AB95	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 233.72

1) SUBTOTALS This Period This Page (optional)..... ▶	325.34
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 46 OF 84
	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 MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : D67FF41EE6C674855BE6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 21.43	Transaction ID : D5B9791EF48DA41D98AF	
Amount Incurred This Period 0.00	Payment This Period 21.43	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 MATERIALS
Mailing Address P.O. BOX 809 1095 VENTURE DR			
City FOREST	State VA	Zip Code 24551-0809	

Outstanding Balance Beginning This Period 91.62	Transaction ID : DC4403AF503354A259EC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.62

1) SUBTOTALS This Period This Page (optional)..... ▶	183.24
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 47 OF 84
	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 MAILSHOP
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="233.72"/>	Transaction ID : DE187654453AD494B859	
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="233.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAMAR			Nature of Debt (Purpose): BILLBOARD ADVERTISEMENT PLACEMENT
Mailing Address 1121 S. BOYLE AVE.			
City LOS ANGELES	State CA	Zip Code 90023-2150	

Outstanding Balance Beginning This Period <input type="text" value="3790.00"/>	Transaction ID : DD9C89376CEDA4706BEF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3790.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): ONLINE AGENCY FEE
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="48.24"/>	Transaction ID : DD32E6020986844828A6	
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="48.24"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="281.96"/>
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 48 OF 84
	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): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : DD9CCEE431C104437BD8	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D071EE58BFB0C4A778E5	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.24	

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 : DBB2E507B2DEB4D0A9A7	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.24	

1) SUBTOTALS This Period This Page (optional).....▶	144.72
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 49 OF 84
	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): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24	Transaction ID : DC2326436223B422D8F5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24	Transaction ID : D25665D5799954CBE947	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 48.24	Transaction ID : D27DDD3BE8A5248FEB16	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48.24

1) SUBTOTALS This Period This Page (optional)..... ▶	144.72
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 50 OF 84
	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): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D47B5A388D570404F91D	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): ONLINE AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D71FB991EA60C4AE4A52	
48.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : D37F7955FFDA045B7B36	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

1) SUBTOTALS This Period This Page (optional).....▶	246.48
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 51 OF 84
	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/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24	Transaction ID : DB3599CB6858D47F8AE3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24	Transaction ID : DE3DE2357736D480DBE9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00	Transaction ID : D653C0DAF988F40E7B5A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

1) SUBTOTALS This Period This Page (optional)..... ▶	454.48
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 52 OF 84
	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 MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : DB651DF4FC798463480F	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

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		Transaction ID : D57D407725E0640A79DA	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : DA286D6ADDF A94DD991C	
255.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	255.26	

1) SUBTOTALS This Period This Page (optional)..... ▶	555.26
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 53 OF 84
	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 CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : DDD6AD5F18B364783928	
Amount Incurred This Period 0.00	Payment This Period 279.64	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00	Transaction ID : D53EA9DF51A864C3DA28	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D1C7B402AFA88415EB9E	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	150.00
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 54 OF 84
	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 MATERIALS	
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22		Transaction ID : DB1D73A8778FA460788E	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY		Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24		Transaction ID : D1866EFE07A48488E9C9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP	
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00		Transaction ID : DE1118AAC1A25482AB25	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	302.24
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 55 OF 84
	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 AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26		Transaction ID : D68277CEFFF6C48F889A	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT		Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26		Transaction ID : D4DE0AF64148A4250B86	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00	

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 255.26		Transaction ID : DC9B866A29A834C0EBB2	
Amount Incurred This Period 0.00	Payment This Period 255.26	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 56 OF 84
	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 CP DIRECT		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64		Transaction ID : D45B297B9127C40B3B21	
Amount Incurred This Period 0.00	Payment This Period 279.64	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 MATERIALS	
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22		Transaction ID : D150A60BC5B3E4912BB3	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64		Transaction ID : DF72EDF44986D4E4DA8A	
Amount Incurred This Period 0.00	Payment This Period 279.64	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 57 OF 84
	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 CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : D1AD3A6AE1E9749F79F1	
Amount Incurred This Period 0.00	Payment This Period 279.64	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24	Transaction ID : D884ACEC69EF040E6BED	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 152.24	Transaction ID : DA725793F4A0D4B5D8F7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

1) SUBTOTALS This Period This Page (optional)..... ▶	304.48
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 58 OF 84
	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		Transaction ID : D78BA0FB075CE4C3BBC1	
933.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	933.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period		Transaction ID : D7A3E05D24C5E47CDB79	
255.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	255.26	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period		Transaction ID : D7DEB1FC3A6624A2B947	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

1) SUBTOTALS This Period This Page (optional).....▶	1083.32
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 59 OF 84
	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 CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : DA7338295F31F4493B58	
Amount Incurred This Period 0.00	Payment This Period 279.64	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.			Nature of Debt (Purpose): DIRECT MAIL MAILSHOP
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00	Transaction ID : D55A2DF0CD7ED408081B	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D2E74645E0C7B4D35824	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	150.00
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 60 OF 84
	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/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="152.24"/>	Transaction ID : D0EA0DD9F7B6044CFB67	
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="152.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL PRINTING
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period <input type="text" value="279.64"/>	Transaction ID : D2B70CD9F46634BBAAA0	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="279.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period <input type="text" value="279.64"/>	Transaction ID : D873FF63B0F994219968	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="279.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="152.24"/>
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 61 OF 84
	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 152.24	Transaction ID : DD75B34F6EA7F48CBB5E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 152.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period 255.26	Transaction ID : D9421910FE55B426BA9F	
Amount Incurred This Period 0.00	Payment This Period 255.26	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL MATERIALS
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64	Transaction ID : D2482A02C64FB4EA4BF4	
Amount Incurred This Period 0.00	Payment This Period 279.64	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	152.24
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 62 OF 84
	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 CP DIRECT		Nature of Debt (Purpose): DIRECT MAIL MATERIALS	
Mailing Address 4600A BOSTON WAY			
City LANHAM	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period 279.64		Transaction ID : DBBA07959651944BDA08	
Amount Incurred This Period 0.00	Payment This Period 279.64	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 MATERIALS	
Mailing Address 8000 VILLA PARK DR			
City RICHMOND	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period 221.22		Transaction ID : D255F1A703B344C17807	
Amount Incurred This Period 0.00	Payment This Period 221.22	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES, INC.		Nature of Debt (Purpose): DIRECT MAIL MAILSHOP	
Mailing Address 6304 SHERIFF RD. STE Z			
City LANDOVER	State MD	Zip Code 20785	

Outstanding Balance Beginning This Period 150.00		Transaction ID : D59C32F80DAB241A38B1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	150.00
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 63 OF 84
	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/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : DB633ED2A78024064B6A	
152.24		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	152.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL AGENCY FEE
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period	Transaction ID : D62E36EECC63646F29F2	
255.26		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	255.26	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY			Nature of Debt (Purpose): DIRECT MAIL LIST RENTAL/EXCHANGE
Mailing Address 1420 SPRING HILL ROAD SUITE 490			
City MCLEAN	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	Transaction ID : D2226CE03060D47C3BDB	
152.24		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	152.24

1) SUBTOTALS This Period This Page (optional).....▶	304.48
2) TOTALS This Period (last page this line number only).....▶	16339.84
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)▶	16339.84

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) STARS AND STRIPES FOREVER PAC	FEC IDENTIFICATION NUMBER ▼ C C00635243
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SAVANNA COMMUNICATIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 755 SONNE DRIVE		Amount <input type="text"/> 2880.00
City ANNAPOLIS	State MD	
Zip Code 21401-7120	Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION	Transaction ID : E48FFCF32D3064D9D9EF
Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: BALDWIN, TAMMY, , ,
Name of Federal Candidate: BALDWIN, TAMMY, , ,	<input type="checkbox"/> Support <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 <input type="text"/> 13896.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item SAVANNA COMMUNICATIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 755 SONNE DRIVE		Amount <input type="text"/> 6590.00
City ANNAPOLIS	State MD	
Zip Code 21401-7120	Purpose of Expenditure RADIO ADVERTISEMENT PLACEMENT/PRODUCTION	Transaction ID : E2B509AE06DE0468F8BF
Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: DONNELLY, JOSEPH, S, ,
Name of Federal Candidate: DONNELLY, JOSEPH, S, ,	<input type="checkbox"/> Support <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 <input type="text"/> 26672.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 9470.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

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
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 03 / 03 / 2018
Amount 1205.00
Transaction ID : EE5DC1853E377467FAD7
Date of Disbursement or Obligation 03 / 03 / 2018

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 03 / 03 / 2018
Amount 1205.00
Transaction ID : E01E0822D4669486C88C
Date of Disbursement or Obligation 03 / 03 / 2018

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 2410.00
(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]
Signature

Date 04 / 20 / 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 OMEGA LIST COMPANY
Mailing Address 1420 SPRING HILL ROAD SUITE 490
City MCLEAN State VA Zip Code 22102
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL LIST RENTAL
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 23128.97
Date of Public Distribution/Dissemination 11/29/2017
Amount 703.95
Transaction ID : ED9FE2EA5095946B5AB2
Date of Disbursement or Obligation 03/05/2018
Office Sought: House District: 43 State: CA
Disbursement For: General 2018

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: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 26877.54
Date of Public Distribution/Dissemination 03/21/2018
Amount 310.54
Transaction ID : EF8E32B67A36E4A9D90B
Date of Disbursement or Obligation 03/21/2018
Office Sought: House District: 43 State: CA
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1014.49
(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

04/20/2018

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 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: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 26877.54
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 (ORIGINAL AMT EST)
Name of Federal Candidate: WATERS, MAXINE, , ,
Calendar Year-To-Date Per Election for Office Sought 26877.54
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 3438.03
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 14055.76
Disbursement For: General 2018

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 476.48
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL CREATIVE
Name of Federal Candidate: DONNELLY, JOSEPH, S,
Calendar Year-To-Date Per Election for Office Sought 26831.26
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 PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: STABENOW, DEBBIE, ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 301.07
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: Kaine, Timothy, Michael,
Calendar Year-To-Date Per Election for Office Sought 4478.19
Disbursement For: General 2018

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 PMT FOR EST FROM 1/22/2018. DIRECT MAIL CREATIVE
Name of Federal Candidate: Donnelly, Joseph, S.
Calendar Year-To-Date Per Election for Office Sought 26831.26
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 276.69
(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 04 / 20 / 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
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01/22/2018
Amount 255.26
Transaction ID : E09F485218C3A4100AB5
Date of Disbursement or Obligation 03/26/2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

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 PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01/10/2018
Amount 21.43
Transaction ID : E6008E4E70A32401EAC0
Date of Disbursement or Obligation 03/26/2018

Name of Federal Candidate: MCCASKILL, CLAIRE,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 276.69
(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

04/20/2018

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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: BROWN, SHERROD, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Calendar Year-To-Date Per Election for Office Sought 14055.76
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 438.64
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: Kaine, Timothy, Michael,
Calendar Year-To-Date Per Election for Office Sought 4478.19
Disbursement For: General 2018

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 PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: Brown, Sherrod,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 510.52
(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

04 / 20 / 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 CP DIRECT Memo Item

Date of Public Distribution/Dissemination 01 / 22 / 2018

Mailing Address 4600A BOSTON WAY

Amount 279.64

City LANHAM State MD Zip Code 20706-4858

Transaction ID : E06764AACCAE04526AEC

Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS Category/Type

Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: BALDWIN, TAMMY, , , Support Oppose

Office Sought: House Senate WI

Calendar Year-To-Date Per Election for Office Sought 14055.76

Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee CP DIRECT Memo Item

Date of Public Distribution/Dissemination 01 / 22 / 2018

Mailing Address 4600A BOSTON WAY

Amount 279.64

City LANHAM State MD Zip Code 20706-4858

Transaction ID : ECF64E4533488401C835

Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL PRINTING Category/Type

Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: DONNELLY, JOSEPH, S, , Support Oppose

Office Sought: House Senate IN

Calendar Year-To-Date Per Election for Office Sought 26831.26

Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 559.28
(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 04 / 20 / 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
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

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 PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 510.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, , ,

[Electronically Filed]

Date 04 / 20 / 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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 279.64
Transaction ID : E47DCFA4FC18E4BB0830
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: Kaine, Timothy, Michael,
Support Oppose
Office Sought: House Senate State: VA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 221.22
Transaction ID : E0CB402B645FF49F9989
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: Tester, Jon,
Support Oppose
Office Sought: House Senate State: MT
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 500.86
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 21.43
Transaction ID : E142C01DCDFBE403484E
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: TESTER, JON, , ,
Support Oppose
Office Sought: House Senate State: MT
Disbursement For: Primary General 2018 Other (specify)

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 PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01 / 10 / 2018
Amount 21.43
Transaction ID : EEA62E07DADC74D7D861
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: STABENOW, DEBBIE, , ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42.86
(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 04 / 20 / 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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 279.64
Transaction ID : EE30948431B29473EBFC
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: TESTER, JON, ,
Support Oppose
Office Sought: House Senate State: MT
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Category/Type
Date of Public Distribution/Dissemination 11 / 29 / 2017
Amount 159.00
Transaction ID : EF3AA3433635247FE8C3
Date of Disbursement or Obligation 03 / 26 / 2018

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 438.64
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, ,

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Date 04 / 20 / 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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 279.64
Transaction ID : EF897932DDC1249D9AE6
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: CASEY, ROBERT P, JR,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee COLORTREE GROUP INC
Mailing Address 8000 VILLA PARK DR
City RICHMOND State VA Zip Code 23228-6500
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Category/Type
Date of Public Distribution/Dissemination 01 / 22 / 2018
Amount 221.22
Transaction ID : EC36EF7511B4D4A54BE8
Date of Disbursement or Obligation 03 / 26 / 2018

Name of Federal Candidate: HEITKAMP, HEIDI,
Support Oppose
Office Sought: House Senate State: ND
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 500.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SATTERFIELD, DAVID, ,

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Date 04 / 20 / 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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08

Full Name of Payee ZIP MAILING SERVICES, INC.
Mailing Address 6304 SHERIFF RD. STE Z
City LANDOVER State MD Zip Code 20785
Purpose of Expenditure PMT FOR EST FROM 11/29/2017. DIRECT MAIL PRINTING
Name of Federal Candidate: KAINE, TIMOTHY, MICHAEL, ,
Calendar Year-To-Date Per Election for Office Sought 4478.19

(a) SUBTOTAL of Itemized Independent Expenditures 438.64
(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, , ,

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Date 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
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 PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: CASEY, ROBERT P, JR, ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 42.86
(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 04 / 20 / 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 CP DIRECT
Mailing Address 4600A BOSTON WAY
City LANHAM State MD Zip Code 20706-4858
Purpose of Expenditure PMT FOR EST FROM 1/22/2018. DIRECT MAIL MATERIALS
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
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 PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Name of Federal Candidate: BROWN, SHERROD, , ,
Calendar Year-To-Date Per Election for Office Sought 3102.08
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 301.07
(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 04 / 20 / 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 CAMPAIGN FUNDING DIRECT
Mailing Address 1420 SPRING HILL ROAD, SUITE 490
City MCLEAN State VA Zip Code 22102-3028
Purpose of Expenditure PMT FOR EST FROM 1/10/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01/10/2018
Amount 21.43
Transaction ID : EAE305F3E4A094DBD8C3
Date of Disbursement or Obligation 03/26/2018
Name of Federal Candidate: BALDWIN, TAMMY, , ,
Office Sought: Senate State: WI
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought 14055.76

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 PMT FOR EST FROM 1/22/2018. DIRECT MAIL AGENCY FEE
Date of Public Distribution/Dissemination 01/22/2018
Amount 255.26
Transaction ID : EB9AD29D123054AF3BB7
Date of Disbursement or Obligation 03/26/2018
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Office Sought: Senate State: MI
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought 3102.08

(a) SUBTOTAL of Itemized Independent Expenditures 276.69
(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

04/20/2018

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 LAMAR
Mailing Address 1121 S. BOYLE AVE.
City LOS ANGELES State CA Zip Code 90023-2150
Purpose of Expenditure PMT FOR EST FROM 1/15/2018. BILLBOARD ADVERTISEMENT PLACEMENT
Date of Public Distribution/Dissemination 01/15/2018
Amount 3790.00
Transaction ID : EE8BC83C345224568BB2
Date of Disbursement or Obligation 03/26/2018

Name of Federal Candidate: WATERS, MAXINE, ,
Office Sought: House District: 43 State: CA
Disbursement For: General 2018

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 3790.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 26014.89

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 04/20/2018
Signature