

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.   
**CITIZENS FOR WATERS**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)     
CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /     through   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer   
Signature of Treasurer  [Electronically Filed] Date   /

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CITIZENS FOR WATERS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	111995.01	138483.22
(b) Total Contribution Refunds (from Line 20(d)) .....	13.70	34.53
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111981.31	138448.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39638.00	167923.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39638.00	167723.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	193714.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	128748.12	

**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 3 (Revised 05/2016)

Write or Type Committee Name

**CITIZENS FOR WATERS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12600.00	0.00
(ii) Unitemized .....	2395.01	0.00
(iii) TOTAL of contributions from individuals ▶	14995.01	38983.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	97000.00	99500.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	111995.01	138483.22
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	200.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	111995.01	138683.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39638.00	167923.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	13.70	34.53
(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 20(a), (b), and (c)).....	13.70	34.53
21. OTHER DISBURSEMENTS .....	30002.85	31737.85
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69654.55	199695.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151373.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	111995.01
25. SUBTOTAL (add Line 23 and Line 24).....	263368.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69654.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	193714.02

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

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

FOR LINE NUMBER: PAGE 5 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Apperson, Michelle, , ,**

Mailing Address 9156 Eden Oak Cir

City Granite Bay State CA Zip Code 95746

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

Name of Employer UC Davis Occupation Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2017

**Transaction ID : 11AI-10237-I**

Amount of Each Receipt this Period  
1000.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2017

**Transaction ID : 11AI-10237-I-MEMO**

Amount of Each Receipt this Period  
1000.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**C.** Full Name (Last, First, Middle Initial)  
**Applegate, Kimberly, , ,**

Mailing Address 640 Morningside Ct

City Zionsville State IN Zip Code 46077

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

Name of Employer University of Kentucky Occupation physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2017

**Transaction ID : 11AI-10321-I**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 56	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

**Transaction ID : 11AI-10321-I-MEMO**

Amount of Each Receipt this Period  
250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**B.** Full Name (Last, First, Middle Initial)  
**Cooke, Michelle, , ,**

Mailing Address 937 Westchester Pl

City Los Angeles	State CA	Zip Code 90019
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FEC ID number of contributing federal political committee. **C**

Name of Employer Manatt Phelps & Phillips LLP	Occupation Attorney
--	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

**Transaction ID : 11AI-10331-I**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 15 / 2017

**Transaction ID : 11AI-10331-I-MEMO**

Amount of Each Receipt this Period  
250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Clayton, Tony, , ,**

Mailing Address 3741 LA Hwy 1 S

City Port Allen State LA Zip Code 70767

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-10449**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Ethan Ashley**

Mailing Address 3423 Marigny St

City New Orleans State LA Zip Code 70122

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-10448**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Feuer, Mitchell, , ,**

Mailing Address 1628 S St NW 2

City Washington State DC Zip Code 20009

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

Name of Employer Rich Feuer Anderson Occupation Attorney

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-10432**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 3700.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Johnson, Patricia, C, ,**  
Mailing Address 5748 26th St NW  
City Washington State DC Zip Code 20013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2017  
**Transaction ID : 11AI-10314**  
Amount of Each Receipt this Period  
350.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**King Jr, James, , ,**  
Mailing Address 1220 Rollie Michael Ln  
City Fort Worth State TX Zip Code 76179  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Finance  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2017  
**Transaction ID : 11AI-10392-I**  
Amount of Each Receipt this Period  
250.00  
 Memo Item  
Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**  
Mailing Address PO Box 382110  
City Cambridge State MA Zip Code 02238-2110  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2017  
**Transaction ID : 11AI-10392-I-MEMO**  
Amount of Each Receipt this Period  
250.00  
 Memo Item  
Total earmarked through conduit, PAC limits not affected.

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



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

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

FOR LINE NUMBER: PAGE 9 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Kongsgaard, Maggy, , ,**  
 Mailing Address 4375 Atlas Peak Rd  
 City Napa State CA Zip Code 94558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Vintner  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2017  
**Transaction ID : 11AI-10277-I**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Earmarked through ACTBLUE. Date received by conduit in memo record below.

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 13222.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2017  
**Transaction ID : 11AI-10277-I-MEMO**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Total earmarked through conduit, PAC limits not affected.

**C.** Full Name (Last, First, Middle Initial)  
**Kramer, Robert, , ,**  
 Mailing Address 1 Norman Pl  
 City Rye State NY Zip Code 10580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Not Employed  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2017  
**Transaction ID : 11AI-10398-I**  
 Amount of Each Receipt this Period  
 3800.00  
 Memo Item  
 Earmarked through ACTBLUE. Date received by conduit in memo record below.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2017

**Transaction ID : 11AI-10398-I-MEMO**

Amount of Each Receipt this Period  
3800.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**B.** Full Name (Last, First, Middle Initial)  
**Kiefer, Nat, G, , Jr**

Mailing Address 2310 Metairie Rd

City Metairie State LA Zip Code 70001

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

Name of Employer Occupation  
Nat G Kiefer a Professional Law Corpor Attorney

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-10445**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lynch, R., S, ,**

Mailing Address 14 pearl st

City scarborough State ME Zip Code 4074

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

Name of Employer Occupation  
rs lynch & co finance

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2017

**Transaction ID : 11AI-10297-I**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 56	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

**Transaction ID : 11AI-10297-I-MEMO**

Amount of Each Receipt this Period  
250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**B.** Full Name (Last, First, Middle Initial)  
**Morgan, Mark, , ,**

Mailing Address 2351 Boundary St

City San Diego	State CA	Zip Code 92104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2017

**Transaction ID : 11AI-10236-I**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2017

**Transaction ID : 11AI-10236-I-MEMO**

Amount of Each Receipt this Period  
250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Waybourn, William, , ,**

Mailing Address 268 May Apple Way

City Linden State VA Zip Code 22642

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

Name of Employer Screen Archives Occupation Vice President

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-10426-I**

Amount of Each Receipt this Period  
500.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13222.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2017

**Transaction ID : 11AI-10426-I-MEMO**

Amount of Each Receipt this Period  
500.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**C.** Full Name (Last, First, Middle Initial)  
**Landmark Consulting LLC**

Mailing Address 525 St Charles Ave Ste 330

City New Orleans State LA Zip Code 70130

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11AI-6906-P**

Amount of Each Receipt this Period  
500.00

Memo Item

See attribution below.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Carrere Thibadeaux, Keeley, , ,**

Mailing Address 525 st Charles Ave Ste 330

City New Orleans State LA Zip Code 70130

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

Name of Employer Landmark Consulting LLC Occupation Business Owner

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 , , 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2017

Transaction ID : 11AI-10465-PA

Amount of Each Receipt this Period  
 , , , , , 500.00

Memo Item

Partnership Attribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 , , , , ,

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 , , , , ,

Memo Item

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

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

, , , , , 0.00

, , , , , 12600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard E. Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00226522

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10408**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Road

City Durham	State NC	Zip Code 27707
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10413**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Road

City Durham	State NC	Zip Code 27707
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2017

**Transaction ID : 11C-10309**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Ally Financial Inc. Advocacy PAC**

Mailing Address 25 Massachusetts Ave NW Ste 350

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00579540

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

**Transaction ID : 11C-10383**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Amalgamated Bank-PAC**

Mailing Address 275 7th Ave

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00379693

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

**Transaction ID : 11C-10393**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Financial Services Association (AFSA)**

Mailing Address 919 Eighteenth St NW Ste 300

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 19 / 2017

**Transaction ID : 11C-10397**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Appraisal Institute Political Action Committee**

Mailing Address 2600 Virginia Ave NW Ste 123

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10419**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bank Of America Corporation Federal PAC**

Mailing Address 1455 Pennsylvania Ave Ste 950

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10409**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CME Group, Inc. PAC**

Mailing Address 20 S Wacker Dr

City Chicago	State IL	Zip Code 60606
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10417**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ , _____ , _____ 4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____ , _____ , _____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union National Association**

Mailing Address 601 Pennsylvania Ave NW

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

**Transaction ID : 11C-10407**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CUNA Mutual PAC**

Mailing Address P.O. Box 747

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00402107

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 09 / 2017

**Transaction ID : 11C-10322**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Council of Insurance Agents & Brokers PAC**

Mailing Address 701 Pennsylvania Avenue NW Ste. 75

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

**Transaction ID : 11C-10381**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Depository Trust & Clearing Corporation PAC**

Mailing Address 228 S. Washington St. Ste. 115

City Alexandria State VA Zip Code

FEC ID number of contributing federal political committee. **C** C00497917

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10406**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Financial Services Institute PAC**

Mailing Address 607 14th Street NW Ste. 750

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00409714

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10415**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS PAC**

Mailing Address 1615 L St NW # 900

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10416**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers Of America, Inc. PAC**

Mailing Address 20 F Street NW Ste. 610

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10412**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KPMG PAC**

Mailing Address P.O. Box 18254

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10467**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees Political Action Committee**

Mailing Address 2121 Crystal Dr. Suite 100

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2017

**Transaction ID : 11C-10384**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 6000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Machinists Non-Partisan Political League**

Mailing Address 9000 Machinist Place

City Upper Marlboro	State MD	Zip Code 20772
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10468**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Managed Funds Association PAC**

Mailing Address 600 14th St NW Ste 900

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10424**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mastercard International, Inc. Employees PAC**

Mailing Address 2000 Purchase St.

City Purchase	State NY	Zip Code 10577
------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10450**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Metlife Inc. Employees' Political Participation**

Mailing Address 1095 Avenue Of The Americas

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10423**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Money Gram International PAC**

Mailing Address 2828 N Harwood St 15th Floor

City Dallas	State TX	Zip Code 75201
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410316

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2017

**Transaction ID : 11C-10330**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mortgage Bankers Association Political Action Committee**

Mailing Address 1919 M. Street NW, 5th Floor

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00470708

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10420**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**NAFCU/PAC**

Mailing Address 3138 10th Street North

City Arlington	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2017

**Transaction ID : 11C-10382**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS PAC**

Mailing Address 1771 N St.,NW

City Washington	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10418**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Insurance And Financial Advisors Political Action Committee**

Mailing Address 2901 Telestar Ct

City Falls Church	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10405**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Mutual Insurance Companies PAC**

Mailing Address 3601 Vincennes Road

City Indianapolis	State IN	Zip Code 46268
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2017

**Transaction ID : 11C-10396**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1775 Eye St NW Ste 1100

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10421**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nationwide Mutual Insurance Company Financial & Investments PAC**

Mailing Address One Nationwide Plaza

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2017

**Transaction ID : 11C-10395**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 600 13th St NW Ste 1000

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

**Transaction ID : 11C-10422**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Property Casualty Insurers Association Of America Political Action Committee**

Mailing Address 8700 West Bryn Mawr Avenue Ste. 12

City Chicago	State IL	Zip Code 60631
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

**Transaction ID : 11C-10404**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Quicken Loans Inc. PAC**

Mailing Address 101 S. Washington Sq. Ste. 620

City Lansing	State MI	Zip Code 48933
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

**Transaction ID : 11C-10425**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Realtors PAC**

Mailing Address 430 N Michigan Ave

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : 11C-10414**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**State Farm Federal PAC**

Mailing Address 1 State Farm Plz., D-2

City Bloomington	State IL	Zip Code 61710
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00544817

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2017

**Transaction ID : 11C-10323**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Title Industry Political Action Committee (TIPAC) of the American Land Title Association**

Mailing Address 1828 L Street NW. Ste. 705

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2017

**Transaction ID : 11C-10403**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 26 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
Visa, Inc. Political Action Committee

Mailing Address 325 7th St NW Ste 800

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00365122

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2017

**Transaction ID : 11C-10394**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	97000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C C00401224		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 53.33		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5274		
Candidate Name ACTBLUE		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C C00401224		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 47.84		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5281		
Candidate Name ACTBLUE		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C C00401224		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 14.52		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5286		
Candidate Name ACTBLUE		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	115.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 12.20
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5292 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 0.80
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5294 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 21.74
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5295 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name <b>ACTBLUE</b>		Amount of Each Disbursement this Period 4.84
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) ▼	Transaction ID : 17-5319
State: _____ District: _____		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name <b>ACTBLUE</b>		Amount of Each Disbursement this Period 16.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 17-5327
State: _____ District: _____		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name <b>ACTBLUE</b>		Amount of Each Disbursement this Period 0.42
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) ▼	Transaction ID : 17-5331
State: _____ District: _____		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C C00401224	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 7.13	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5341	
Candidate Name <b>ACTBLUE</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C C00401224	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 10.87	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5342	
Candidate Name <b>ACTBLUE</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C C00401224	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 150.70	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	Transaction ID : 17-5350	
Candidate Name <b>ACTBLUE</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	168.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	
Candidate Name <b>ACTBLUE</b>	Amount of Each Disbursement this Period 1.19	
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) ▼	Transaction ID : 17-5351
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	
Candidate Name <b>ACTBLUE</b>	Amount of Each Disbursement this Period 28.64	
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) ▼	Transaction ID : 17-5358
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017
Mailing Address P.O. Box 6463		FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6463
Purpose of Disbursement Phone Bill	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 311.54	
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) ▼	Transaction ID : 17-5289
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	341.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address P.O. Box 6463			FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 193.54
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5320
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2017
Mailing Address P.O. Box 6463			FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 193.54
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5343
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Brown, Greg, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2017
Mailing Address 334 E. 101st Street			FEC Identification Number C
City Los Angeles	State CA	Zip Code 90003	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Security Services		Category/ Type 001	Transaction ID : 17-5348
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	587.08
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. California Democratic Party</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2017		
Mailing Address 1401 21st St # 200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95811-5221	Amount of Each Disbursement this Period 341.70		
Purpose of Disbursement Registration Fee		Category/ Type 001	Transaction ID : 17-5370		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. California Democratic Party</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2017		
Mailing Address 1401 21st St # 200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95811-5221	Amount of Each Disbursement this Period 47.55		
Purpose of Disbursement Registration Fee		Category/ Type 001	Transaction ID : 17-5371		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Double Tree Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2017		
Mailing Address 2001 Point W Way			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95815	Amount of Each Disbursement this Period 409.85		
Purpose of Disbursement Lodging		Category/ Type 002	Transaction ID : 17-5322		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	799.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2017	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Digital Advertising		Category/ Type 004	Transaction ID : 17-5346-S	
Candidate Name		Memo Item <input checked="" type="checkbox"/> SUBVENDOR to DragonFire Digital Marketing		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DragonFire Digital Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2017	
Mailing Address 249 E. Ocean Blvd. Ste. 685			FEC Identification Number C	
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Digital Advertising		Category/ Type 004	Transaction ID : 17-5344	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. DragonFire Digital Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2017	
Mailing Address 249 E. Ocean Blvd. Ste. 685			FEC Identification Number C	
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Facebook Advertising		Category/ Type 004	Transaction ID : 17-5345	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2017
Mailing Address PO Box 7221		FEC Identification Number C
City Pasadena	State CA	Zip Code 91109-7321
Purpose of Disbursement Overnite Delivery	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 34.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2017
Mailing Address PO Box 7221		FEC Identification Number C
City Pasadena	State CA	Zip Code 91109-7321
Purpose of Disbursement Overnite Delivery	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 38.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GOULD &amp; ORELLANA, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017
Mailing Address 249 E. Ocean Blvd. #685		FEC Identification Number C
City Long Beach	State CA	Zip Code 90802
Purpose of Disbursement PAC Management/Political Reporting Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5365.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5438.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. GOULD &amp; ORELLANA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017	
Mailing Address 249 E. Ocean Blvd. #685			FEC Identification Number C	
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 817.26	
Purpose of Disbursement Office Expenses		Category/ Type 001	Transaction ID : 17-5288	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GOULD &amp; ORELLANA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017	
Mailing Address 249 E. Ocean Blvd. #685			FEC Identification Number C	
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Professional Services: Slate Mailer (See AO 2004-37)		Category/ Type 004	Transaction ID : 17-5362	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. L.A. Business Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2017	
Mailing Address 6840 S. La Cienega Blvd. Inglewood			FEC Identification Number C	
City Inglewood	State CA	Zip Code 90302	Amount of Each Disbursement this Period 246.38	
Purpose of Disbursement Holiday Cards		Category/ Type 004	Transaction ID : 17-5280	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6063.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Rene Cross-Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2017
Mailing Address 9202 3rd Ave.		FEC Identification Number C
City Inglewood	State CA	Zip Code 90305
Purpose of Disbursement Design Flyer	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Southern California Edison</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2017
Mailing Address P.O. Box 300		FEC Identification Number C
City Rosemead	State CA	Zip Code 91772
Purpose of Disbursement Electrical Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 69.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Southern California Edison</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017
Mailing Address P.O. Box 300		FEC Identification Number C
City Rosemead	State CA	Zip Code 91772
Purpose of Disbursement Electrical Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 69.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	439.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Southern California Edison</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2017	
Mailing Address P.O. Box 300			FEC Identification Number C	
City Rosemead	State CA	Zip Code 91772	Amount of Each Disbursement this Period 65.66	
Purpose of Disbursement Electrical Services		Category/ Type 001	Transaction ID : 17-5340	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. The Harman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2017	
Mailing Address 6840 Vineland Ave.			FEC Identification Number C	
City North Hollywood	State CA	Zip Code 91605	Amount of Each Disbursement this Period 598.13	
Purpose of Disbursement Banners		Category/ Type 004	Transaction ID : 17-5316	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. The Harman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2017	
Mailing Address 6840 Vineland Ave.			FEC Identification Number C	
City North Hollywood	State CA	Zip Code 91605	Amount of Each Disbursement this Period 54.38	
Purpose of Disbursement Stickers		Category/ Type 004	Transaction ID : 17-5317	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	718.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017		
Mailing Address P.O. Box 660108			FEC Identification Number C		
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 248.26		
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5293		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017		
Mailing Address P.O. Box 660108			FEC Identification Number C		
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 184.80		
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5332		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017		
Mailing Address P.O. Box 660108			FEC Identification Number C		
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 181.33		
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5352		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	614.39
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Waters, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2017		
Mailing Address 249 E. Ocean Blvd. #685			FEC Identification Number C		
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 4500.00		
Purpose of Disbursement Slate Management Fee: (See AO 2004-37)		Category/ Type 004	Transaction ID : 17-5318		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Waters, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2017		
Mailing Address 249 E. Ocean Blvd. #685			FEC Identification Number C		
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 4000.00		
Purpose of Disbursement Slate Mailer Management Fee: (See AO 2004-37)		Category/ Type 004	Transaction ID : 17-5347		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. California Bank &amp; Trust</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017		
Mailing Address POBox 30833			FEC Identification Number C		
City Salt Lake City	State UT	Zip Code 84130-0833	Amount of Each Disbursement this Period 3963.48		
Purpose of Disbursement Credit Card Payment		Category/ Type	Transaction ID : 17-3966-W		
Candidate Name		<input type="checkbox"/> Memo Item Expenditure purpose details appear in Credit Card Payees reaching			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12463.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. California Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2017
Mailing Address POBox 30833		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84130-0833
Purpose of Disbursement Credit Card Payment		Amount of Each Disbursement this Period 966.54
Candidate Name		Transaction ID : 17-3969-W
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 Expenditure purpose details appear in Credit Card Payees reaching
State: District:		

Full Name (Last, First, Middle Initial) <b>B. California Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2017
Mailing Address POBox 30833		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84130-0833
Purpose of Disbursement Credit Card Payment		Amount of Each Disbursement this Period 1614.87
Candidate Name		Transaction ID : 17-3979-W
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 Expenditure purpose details appear in Credit Card Payees reaching
State: District:		

Full Name (Last, First, Middle Initial) <b>c. California Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address POBox 30833		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84130-0833
Purpose of Disbursement Credit Card Payment		Amount of Each Disbursement this Period 6311.97
Candidate Name		Transaction ID : 17-3983-W
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 Expenditure purpose details appear in Credit Card Payees reaching
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8893.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017	
Mailing Address Los Angeles International Airport			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90045	Amount of Each Disbursement this Period 754.40	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-5309-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017	
Mailing Address Los Angeles International Airport			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90045	Amount of Each Disbursement this Period 348.40	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-5308-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017	
Mailing Address Los Angeles International Airport			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90045	Amount of Each Disbursement this Period 442.00	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-5306-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 219.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 442.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 219.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Ocean Prime</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2017	
Mailing Address 9595 Wilshire Blvd.			FEC Identification Number C	
City Beverly Hills	State CA	Zip Code 90212	Amount of Each Disbursement this Period 407.32	
Purpose of Disbursement Meeting Expense		Category/ Type 001	Transaction ID : 17-5300-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Westin</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017	
Mailing Address 210 Peachtree Street NW			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30303	Amount of Each Disbursement this Period 301.46	
Purpose of Disbursement Lodging		Category/ Type 002	Transaction ID : 17-5310-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Westin</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2017	
Mailing Address 210 Peachtree Street NW			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30303	Amount of Each Disbursement this Period 488.05	
Purpose of Disbursement Lodging		Category/ Type 002	Transaction ID : 17-5307-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Netbrands Media Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2017	
Mailing Address 14550 Beechnut Street			FEC Identification Number C	
City Houston	State TX	Zip Code 77083	Amount of Each Disbursement this Period 368.15	
Purpose of Disbursement Advertising		Category/ Type 004	Transaction ID : 17-5312-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2017	
Mailing Address P.O. Box 660108			FEC Identification Number C	
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 460.33	
Purpose of Disbursement Phone Bill		Category/ Type 001	Transaction ID : 17-5311-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Bistro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2017	
Mailing Address 15 E. St. NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1614.87	
Purpose of Disbursement Fundraiser Event Food		Category/ Type 003	Transaction ID : 17-5324-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 599.40	
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) ▼	Transaction ID : 17-5333-P
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 599.40	
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) ▼	Transaction ID : 17-5334-P
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

Full Name (Last, First, Middle Initial) <b>C. Del Friscos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2017
Mailing Address 9501 I Street NW #501		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Fundraiser Event	Category/Type 003	
Candidate Name	Amount of Each Disbursement this Period 4470.31	
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) ▼	Transaction ID : 17-5335-P
State: District:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare		002
Candidate Name		Amount of Each Disbursement this Period 258.98
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) ▼	Transaction ID : 17-5336-P
State: District:		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2017
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare		002
Candidate Name		Amount of Each Disbursement this Period 258.98
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) ▼	Transaction ID : 17-5337-P
State: District:		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39198.17

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 56	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Alsop, Joseph, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2017	
Mailing Address 675C Hale St			FEC Identification Number C	
City Beverly	State MA	Zip Code 01915	Amount of Each Disbursement this Period 13.70	
Purpose of Disbursement REFUND		Category/ Type 001	Transaction ID : 20A-5328	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13.70
<b>TOTAL</b> This Period (last page this line number only).....▶	13.70



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2017
Mailing Address 430 S Capitol Street SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Political Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 20000.00
Candidate Name <b>Democratic Congressional Campaign Committee</b>	Category/ Type	<b>Transaction ID : 21-5282</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Salud Carbajal for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address P.O. Box 1290		FEC Identification Number C C00576041
City Santa Barbara	State CA	Zip Code 93102
Purpose of Disbursement Political Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Carbajal, Salud, , ,</b>	Category/ Type	<b>Transaction ID : 21-5354</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA District:		

Full Name (Last, First, Middle Initial) <b>c. Charlie Crist for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address P.O. Box 1547		FEC Identification Number C C00590067
City Saint Petersburg	State FL	Zip Code 33731
Purpose of Disbursement Political Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Crist, Charlie, , ,</b>	Category/ Type	<b>Transaction ID : 21-5357</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address P.O. Box 453		FEC Identification Number C C00419978
City Rochester	State NH	Zip Code 03866
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Porter, Carol-Shea, , ,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 21-5356
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Friends of Raja for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address P.O. Box 681202		FEC Identification Number C C00575092
City Schaumburg	State IL	Zip Code 60168
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Raja, Krishnamoorthi, S, ,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 21-5353
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Dr. Raul Ruiz for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address 77933 Las Montanas Rd. Ste. 103		FEC Identification Number C C00502575
City Palm Desert	State CA	Zip Code 92211
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Ruiz, Raul, , ,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 21-5355
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Busboys and Poets</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2017
Mailing Address P.O. Box 73055		FEC Identification Number C
City Washington	State DC	Zip Code 20056
Purpose of Disbursement Donation	012 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : 21-5278 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Busboys and Poets</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2017
Mailing Address P.O. Box 73055		FEC Identification Number C
City Washington	State DC	Zip Code 20056
Purpose of Disbursement Donation	012 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3952.85	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : 21-5285 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4002.85
<b>TOTAL</b> This Period (last page this line number only).....▶	30002.85

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR WATERS** Transaction ID : **C9-11-LM**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) African American 2000 and Beyond		<input type="checkbox"/> Memo Item	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2092 W. Jefferson Blvd.			
City Los Angeles	State CA	ZIP Code 90018	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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<b>TERMS</b>	Date Incurred M 08 / D 12 / Y 2008	Date Due M 08 / D 12 / Y 2009	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Airlines</b>			Nature of Debt (Purpose): Travel Expenses
Mailing Address Los Angeles International Airport			
City Los Angeles	State CA	Zip Code 90045	

Outstanding Balance Beginning This Period 719.60		<b>Transaction ID : D10-875-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 719.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>David Gould Company</b>			Nature of Debt (Purpose): Professional Services: Slate Mailer (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd., #685			
City Long Beach	State CA	Zip Code 90802	

Outstanding Balance Beginning This Period 1000.00		<b>Transaction ID : D10-2658-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GOULD &amp; ORELLANA, LLC</b>			Nature of Debt (Purpose): Political Reporting Services 3/20-6/30/17
Mailing Address 249 E. Ocean Blvd. #685			
City Long Beach	State CA	Zip Code 90802	

Outstanding Balance Beginning This Period 11182.26		<b>Transaction ID : D10-8203-V</b>	
Amount Incurred This Period 6210.50	Payment This Period 11182.26	Outstanding Balance at Close of This Period 6210.50	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	7930.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Harris &amp; Harris Sound</b>			Nature of Debt (Purpose): Sound for District Xmas Party
Mailing Address 4312 4th Ave.			
City Los Angeles	State CA	Zip Code 90008	

Outstanding Balance Beginning This Period 50.00	Transaction ID : D10-1694-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>L.A. Business Printing</b>			Nature of Debt (Purpose): Holiday Cards
Mailing Address 6840 S. La Cienega Blvd. Inglewood			
City Inglewood	State CA	Zip Code 90302	

Outstanding Balance Beginning This Period 246.38	Transaction ID : D10-8213-V	
Amount Incurred This Period 0.00	Payment This Period 246.38	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rolla Group LLC</b>			Nature of Debt (Purpose): Fundraiser Management Fee
Mailing Address 1220 4th Street NW, #1			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 1283.34	Transaction ID : D10-6933-V	
Amount Incurred This Period 7000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8283.34

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	8333.34
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waters, Karen, , ,</b>			Nature of Debt (Purpose): Prof. Services: Slate Mailer (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd. #685			
City Long Beach	State CA	Zip Code 90802	

Outstanding Balance Beginning This Period 107862.00		<b>Transaction ID : D10-1148-V</b>	
Amount Incurred This Period 0.00	Payment This Period 8500.00	Outstanding Balance at Close of This Period 99362.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address Box 0001			
City Los Angeles	State CA	Zip Code 90096-0001	

Outstanding Balance Beginning This Period 6761.71		<b>Transaction ID : D10-1886-W</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6761.71	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Bank &amp; Trust</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address POBox 30833			
City Salt Lake City	State UT	Zip Code 84130-0833	

Outstanding Balance Beginning This Period 2854.59		<b>Transaction ID : D10-1695-W</b>	
Amount Incurred This Period 12856.86	Payment This Period 12856.86	Outstanding Balance at Close of This Period 2854.59	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	108978.30
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Congressional FCU Visa</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 96099			
City Charlotte	State NC	Zip Code 28296-0099	

Outstanding Balance Beginning This Period 3506.38		Transaction ID : D10-3224-W	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3506.38	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3506.38
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	128748.12
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	128748.12