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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autho	orized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE	SERVICES INC POLITION	CAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	7227 Lee Deforest Drive		
Check if different than previously reported. (ACC)	Columbia		MD 21046 -
2. FEC IDENTIFICATION N	UMBER ▼ CITY	•	STATE ▲ ZIP CODE ▲
C C00558932	3. IS REI	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	0 (M2) May 20 (M5) 0 (M3) Jun 20 (M6)	Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)  Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15 Quarterly Report (0		0 (M4) Jul 20 (M7) Primary (12P)	Oct 20 (M10) Jan 31 (YE)  General (12G) Runoff (12R)
July 15 Quarterly Report (0	PRF-Election	Convention (12C)	Special (12S)
Quarterly Report (0  January 31  Year-End Report ()	Flastica	on/	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on/	in the State of
5. Covering Period 03		through 03	31 2020
I certify that I have examined the	Estes, Kirstyn, , ,	ny knowledge and belief it is ti	rue, correct and complete.
Signature of Treasurer	s, Kirstyn, , ,	[Electronically Filed]	Date 04 / 14 2020
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2020		21498.93
(b) Cash on Hand at Beginning of Reporting Period	26136.71	
(c) Total Receipts (from Line 19)	3308.28	10696.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29444.99	32194.99
Total Disbursements (from Line 31)	-750.00	2000.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30194.99	30194.99
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1227.36	2154.72
(i) Itemized (use Schedule A)	1227.00	2104.72
(ii) Unitemized	2080.92	8541.34
(iii) TOTAL (add		4 4
Lines 11(a)(i) and (ii)▶	3308.28	10696.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		4 4 4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	2200.00	10606.06
Totals to Line 33, page 5)	3308.28	10696.06
Transfers From Affiliated/Other     Party Committees	0.00	0.00
Party Committees	0.00	3.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	4 4	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	0.00	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
O Tabel Bessian (edd.)		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3308.28	10696.06
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3308.28	10696.06

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a)	ating Expenditures:  Allocated Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	``	1 1 1 1 1 1 1 1 1 1	
	(ii) Non-Federal Share	0.00	0.00
	Other Federal Operating  Expenditures	0.00	0.00
	Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	sfers to Affiliated/Other Party mittees	0.00	0.00
Cont	ributions to	4 4	4 4
and (	ral Candidates/Committees Other Political Committees	0.00	0.00
	pendent Expenditures		
Coor	Schedule E)dinated Party Expenditures	0.00	0.00
(52 l (use	J.S.C. § 30116(d)) Schedule F)	0.00	0.00
(	,	7 7	0.00
Loan	Repayments Made	0.00	0.00
	a Mada		0.00
Refu	s Madends of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	0.00	0.00
		4 4	4 4
	Political Party Committees	0.00	0.00
` '	Other Political Committees (such as PACs)	0.00	0.00
	Total Contribution Refunds	0.00	0.00
` '	(add Lines 28(a), (b), and (c))	0.00	0.00
		4 4	4 4
	r Disbursements (Including		
Non-	Federal Donations)	- 750.00	2000.00
Fede	ral Election Activity (52 U.S.C. § 30101(20	0))	
. ,	Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid	4 4	4 4
	Entirely With Federal Funds	0.00	0.00
٠,,	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	
	Ellies so(a)(i), so(a)(ii) and so(b))	0.00	0.00
Total	Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	<b>– 750.00</b>	2000.00
		700.00	2555,00
	Federal Disbursements		
	ract Line 21(a)(ii) and Line 30(a)(ii) Line 31)	750.00	
		- 750.00	2000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3308.28	10696.06
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3308.28	10696.06
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s)

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for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2020 City Zip Code State Transaction ID: SA11AI.18616 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 235 Buckboard Rd West 2020 2807 City State Zip Code Transaction ID: SA11AI.18637 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 2020 City State Zip Code Transaction ID: SA11AI.18638 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Friedell, Andrew, , , Date of Receipt Mailing Address 523A Epping Forrest Rd 2020 City Zip Code State Transaction ID: SA11AI.18646 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Strategic Solutions Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2020 City State Zip Code Transaction ID: SA11AI.18648 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hughes, Laura, L, Date of Receipt Mailing Address 19914 Gunpowder Road 2020 City Zip Code State Transaction ID: SA11AI.18652 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 320.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2020 City Zip Code State Transaction ID: SA11AI.18661 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Chief Medical Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2020 City State Zip Code Transaction ID: SA11AI.18662 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 2020 City Zip Code State Transaction ID: SA11AI.18674 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 115.36 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 374.92 Other (specify) 335.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2020 City Zip Code State Transaction ID: SA11AI.18685 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 364.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2020 City State Zip Code Transaction ID: SA11AI.18687 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 212.00 SUBTOTAL of Receipts This Page (optional).....

1227.36

# S П

Mailing Address P.O. Box 94806  City Lubbock Purpose of Disbursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19 Candidate Name  Office Sought:    House	S	CHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 10 OF 10			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions for most used to make the purpose of soliciting contributions and the propose of Disbursement (in Full Marie (Last, First, Middle Initial)  A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City  Liebook  Tx  Typesident  District  Full Name (Last, First, Middle Initial)  B. Carries Person of Disbursement  Voided Non-Federal Political Contribution, Originally Reported 126/19  Transaction ID : \$823.16613  Amount of Each Disbursement this Period  Primary  General  District  Full Name (Last, First, Middle Initial)  B. Category'  Type  Office Sought: House Disbursement For:  Category'  Full Name (Last, First, Middle Initial)  C. Mailing Address  City  State: Disbursement  Category'  Full Name (Last, First, Middle Initial)  C. Mailing Address  City  State: Disbursement  Category'  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Fee Identification Number  Category'  Type  Office Sought: House Disbursement For:  Category'  Purpose of Disbursement  Candidate Name  Other (specify)   FEC Identification Number  Category'  Type  Type	IT	EMIZED DISBURSEMENTS			(oricon oring				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  MAIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)  Full Name (Last, First, Middle Initial)  A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City Lubbook Purpose of Diabursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19  Candidate Name  City Candidate Name  Disbursement For: State: District  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Disbursement Candidate Name  Category/ Type  Office Sought: House President Disbursement Candidate Name  Category/ Type  Tech Identification Number  Committee to State State Disbursement Candidate Name  Category/ Type  FEC Identification Number  Committee to State State Disbursement  Date of Diabursement  State: District  Full Name (Last, First, Middle Initial)  C.  State Disbursement Candidate Name  Category/ Type  FEC Identification Number  Committee to State Diabursement  Type  Propose of Diabursement  Date of Diabursement  Date of Diabursement  Type  FEC Identification Number  Committee  Category/ Type  FEC Identification Number  Committee  Category/ Type  FEC Identification Number  Committee  Category/ Type  FEC Identification Number  Committee  Figure State  Diabursement  Figure State  Diabursement  Type									
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 Paul)  MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)  Full Name (Last, First, Middle Initial)  A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City State Zip Code TX 79493  Purpose of Diabursement Voiced Non-Federal Political Contribution, Originally Reported 12/8/19  Category/ Type  President Other (specify) ▼  State: District  Full Name (Last, First, Middle Initial)  Mailing Address  City State: District  Full Name (Last, First, Middle Initial)  Date of Diabursement Tor:  City State: District  Full Name (Last, First, Middle Initial)  Date of Diabursement Tor:  Category/ Type  Office Sought: House Primary General Other (specify) Weren State: District  Full Name (Last, First, Middle Initial)  Purpose of Diabursement  Candidate Name  City State: District  Full Name (Last, First, Middle Initial)  Date of Diabursement Tis Period  Type  Office Sought: House Primary General Other (specify) Weren State: District  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Primary General Other (specify) Weren State: Diabursement Tis Period  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify) Weren Initial Oth	Δr	v information copied from such Reports and Staten	nents may n	not he sold or us					
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)  Full Name (Last, First, Middle Initial)  A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City State Zip Code Types of Disbursement Type Office Sought: House Persident Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement For: Senate President Other (specify) Type  Office Sought: House Disbursement Type Other (specify) Type  Office Sought: House President Disbursement Type Other (specify) Memo Item  State: District: Memo Item Other (specify) Memo Item Othe	or	for commercial purposes, other than using the name	ne and addre	ess of any politic	cal committee to	o solicit contributions from such committee			
Full Name (Last, First, Middle Initial)  A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City State 79493  Purpose of Disbursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19  Candidate Name  Office Sought:   House   Disbursement   Primary   General   Prurpose of Disbursement   President   District:   President   District:		, ,							
A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City	$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION (	COMMITTEE	(MAXIM HEALTHCARE PAC)			
A. Charles Perry Campaign  Mailing Address P.O. Box 94806  City	<u></u>	Full Name (Last. First. Middle Initial)							
Mailing Address P.O. Box 94806  City Lubbock Prupose of Disbursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19 Candidate Name Office Sought:	A.					Date of Disbursement			
City							1		
Lubbock TX 79493 Purpose of Disbursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19 Cardidate Name  Office Sought: House Senate Primary General President District: President State: District: Sanate Purpose of Disbursement Candidate Name  Category/ Type  District: President State: District: State Zip Code Purpose of Disbursement Candidate Name  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate President State: District: Senate Primary General State: District: Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  The president Disbursement Tor: Senate Primary General  Full Name (Last, First, Middle Initial)  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Disbursement this Period  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Substate: Disbrict: Primary General Other (specify) ✓  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Substate: Disbrict: Primary General Other (specify) ✓  FEC Identification Number  FEC Identification Disbursement this Period		Mailing Address P.O. Box 94806				03 16 2020	4		
Purpose of Disbursement Voided Non-Federal Political Contribution, Originally Reported 12/6/19 Candidate Name  Office Sought:		,		l '		FEC Identification Number			
Voided Non-Federal Political Contribution, Originally Reported 12/6/19			TX	79493		0			
Cardidate Name  Office Sought: House State: Disbursement For: Senate President State: Disbursement This Period Office Sought: House Office Sought: Senate President State: Disbursement This Period Office Sought: Senate President Office Sought: Senate President State: Disbursement Tor: Senate President State: Disbursement This Page (optional)			y Reported 1	2/6/19	011				
Office Sought: House Senate President For: Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Primary General Category/ Type  Office Sought: House Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For: Senate President State: District: District: Primary General Category/ Type  Office Sought: House Disbursement For: Senate President State: District: Primary General Category/ Type  Office Sought: House Disbursement For: Senate President General Disbursement For: Senate President State: District: Primary General Other (specify)    State Disbursement For: Senate President State: Disbursement For: General Disbursement For: Senate President State: District: Memo Item  Substoral Amount of Each Disbursement this Period Memo Item  FEC Identification Number CC Amount of Each Disbursement this Period Memo Item  Substoral Amount of Each Disbursement this Period Memo Item  Substoral Amount of Each Disbursement this Period Memo Item		Candidate Name			Category/		riod		
State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C.  FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify)  Memo Item  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House President Other (specify) Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement Primary General Primary General Primary General President Other (specify) Type  Office Sought: House Disbursement Primary General						750.00			
State: District:				General		- 750.00	_		
State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City			-			Mama Itam			
Mailing Address  City		State: District:				Memo item			
Mailing Address  City	_	Full Name (Last, First, Middle Initial)							
City Purpose of Disbursement Candidate Name Ciffice Sought:    House	В.								
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