

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

For Our Future

ADDRESS (number and street) 815 16th St. NW

Check if different than previously reported. (ACC) Washington DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00620971

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Bidel-Niyat, Shirin, , ,

Type or Print Name of Treasurer

Signature of Treasurer Bidel-Niyat, Shirin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

For Our Future

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2053723.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14301635.15"/>	<input type="text" value="48645779.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="16355358.55"/>	<input type="text" value="48645779.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6658530.74"/>	<input type="text" value="38948951.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9696827.81"/>	<input type="text" value="9696827.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="516568.09"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

For Our Future

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	280400.00	19741379.46
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	280400.00	19741379.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	13690000.00	27698117.67
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13970400.00	47439497.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	331031.20	866282.47
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	203.95	340000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14301635.15	48645779.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14301635.15	48645779.60

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2368702.36	10950443.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2368702.36	10950443.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1405871.07	4865803.73
24. Independent Expenditures (use Schedule E)	2383839.55	5073235.66
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	500117.76	18059468.62
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6658530.74	38948951.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6658530.74	38948951.79

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13970400.00	47439497.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13970400.00	47439497.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2368702.36	10950443.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	331031.20	866282.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2037671.16	10084161.31

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

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

FOR LINE NUMBER: PAGE 6 OF 456
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
For Our Future

A. AFSCME Special Account
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1625 L St NW
 City Washington State DC Zip Code 20036-5665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5501479.46

Date of Receipt 10 / 21 / 2016
Transaction ID : VSH7WE65EQ9
 Amount of Each Receipt this Period 250000.00
 Memo Item

B. Field, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12220 Everglade St
 City Los Angeles State CA Zip Code 90066-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 21 / 2016
Transaction ID : VSH7WE65ER7
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Progress Florida
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Central Ave Apt 209
 City Saint Petersburg State FL Zip Code 33705-6653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 28400.00

Date of Receipt 10 / 21 / 2016
Transaction ID : VSH7WE65EVO
 Amount of Each Receipt this Period 28400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280400.00
TOTAL This Period (last page this line number only).....▶	280400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. NEA Advocacy Fund

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

Mailing Address 1201 16Th St NW
Ste 418

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00489815

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2282500.00

Date of Receipt
10 / 20 / 2016

Transaction ID : VSH7WE65EY4

Amount of Each Receipt this Period
190000.00

Memo Item

B. NEXTGEN CLIMATE ACTION COMMITTEE

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

Mailing Address 700 13Th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000000.00

Date of Receipt
10 / 20 / 2016

Transaction ID : VSH7WE65EX6

Amount of Each Receipt this Period
1000000.00

Memo Item

C. NEXTGEN CLIMATE ACTION COMMITTEE

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

Mailing Address 700 13Th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000000.00

Date of Receipt
10 / 26 / 2016

Transaction ID : VSH7WE65EZ2

Amount of Each Receipt this Period
7800000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8990000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. NEXTGEN CLIMATE ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 13Th St NW
 Ste 600
 City Washington State DC Zip Code 20005-5998
 FEC ID number of contributing federal political committee. **C** C00547349
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : VSH7WE65EW8
 Amount of Each Receipt this Period
 4700000.00
 Memo Item

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4700000.00
TOTAL This Period (last page this line number only).....	13690000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Amazon			Date of Receipt
Mailing Address 345 Boren Ave N			<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306	Transaction ID : VSH7WE65DS2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="17.09"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>		Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amazon			Date of Receipt
Mailing Address 345 Boren Ave N			<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306	Transaction ID : VSH7WE65DT0
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="17.09"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>		Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Amazon			Date of Receipt
Mailing Address 345 Boren Ave N			<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306	Transaction ID : VSH7WE65DV7
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="124.95"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>		Refund

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="159.13"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon

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

Mailing Address 345 Boren Ave N

City Seattle	State WA	Zip Code 98109-5306
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2947.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2016

Transaction ID : VSH7WE65DW5

Amount of Each Receipt this Period

33.88

 Memo Item

Refund

B. Amazon

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

Mailing Address 345 Boren Ave N

City Seattle	State WA	Zip Code 98109-5306
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2947.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2016

Transaction ID : VSH7WE65DX3

Amount of Each Receipt this Period

33.88

 Memo Item

Refund

C. Amazon

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

Mailing Address 345 Boren Ave N

City Seattle	State WA	Zip Code 98109-5306
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2947.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2016

Transaction ID : VSH7WE65DY1

Amount of Each Receipt this Period

43.93

 Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....▶	111.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Amazon		Date of Receipt
Mailing Address 345 Boren Ave N		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65DZ9
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="16.94"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>	Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amazon		Date of Receipt
Mailing Address 345 Boren Ave N		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65E07
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="26.99"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>	Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Amazon		Date of Receipt
Mailing Address 345 Boren Ave N		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City Seattle	State WA	Zip Code 98109-5306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65E15
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="26.99"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2947.40"/>	Refund

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 456
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2947.40

Date of Receipt 11 / 17 / 2016
Transaction ID : VSH7WE65E23
 Amount of Each Receipt this Period 36.38
 Memo Item
 Refund

B. Amazon
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Boren Ave N
 City Seattle State WA Zip Code 98109-5306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2947.40

Date of Receipt 11 / 22 / 2016
Transaction ID : VSH7WE65E31
 Amount of Each Receipt this Period 29.47
 Memo Item
 Refund

C. Amtrak
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Massachusetts Ave NE
 City Washington State DC Zip Code 20002-4285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 424.20

Date of Receipt 11 / 08 / 2016
Transaction ID : VSH7WE65EM5
 Amount of Each Receipt this Period 71.20
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional).....▶ 137.05
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : VSH7WE65EB4

Amount of Each Receipt this Period
150.00

Memo Item

Refund

B. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : VSH7WE65EC2

Amount of Each Receipt this Period
203.99

Memo Item

Refund

C. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
926.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : VSH7WE65ED0

Amount of Each Receipt this Period
35.50

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	389.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 456
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
For Our Future

A. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016

Transaction ID : VSH7WE65EE8

Amount of Each Receipt this Period
35.50

Memo Item

Refund

B. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016

Transaction ID : VSH7WE65EF5

Amount of Each Receipt this Period
101.52

Memo Item

Refund

C. Enterprise Rent-A-Car

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

Mailing Address 200 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2685
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
926.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016

Transaction ID : VSH7WE65EG3

Amount of Each Receipt this Period
150.00

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	287.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Enterprise Rent-A-Car
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W Beltline Hwy
 City Madison State WI Zip Code 53713-2685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 926.45

Date of Receipt 11 / 10 / 2016
Transaction ID : VSH7WE65EH1
 Amount of Each Receipt this Period 249.94
 Memo Item
 Refund

B. Fieldworks LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9897
 City Washington State DC Zip Code 20016-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 07 / 2016
Transaction ID : VSH7WE65EJ9
 Amount of Each Receipt this Period 100000.00
 Memo Item
 Refund

C. Hotels.Com
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Lbj Fwy Ste 500
 City Dallas State TX Zip Code 75240-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1521.87

Date of Receipt 10 / 21 / 2016
Transaction ID : VSH7WE65E56
 Amount of Each Receipt this Period 236.16
 Memo Item
 Refund

SUBTOTAL of Receipts This Page (optional).....▶	100486.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Image Plus Graphics, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 NE 131St St

City North Miami	State FL	Zip Code 33161-4424
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17922.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : VSH7WE65ET2

Amount of Each Receipt this Period
17922.50

Memo Item

Refund

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

Mailing Address 240 N 5Th St
Ste 360

City Columbus	State OH	Zip Code 43215-2600
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
128489.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : VSH7WE65EK7

Amount of Each Receipt this Period
128489.21

Memo Item

Refund

C. Mack-Sumner Communications, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 N Beaugard St
Ste 420

City Alexandria	State VA	Zip Code 22311-1750
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
563115.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : VSH7WE67EE3

Amount of Each Receipt this Period
33956.62

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	180368.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 456
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Mission Control

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

Mailing Address 624 Hebron Ave
Ste 200

City Glastonbury State CT Zip Code 06033-5006

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
48040.44

Date of Receipt
MM / DD / YYYY
11 / 02 / 2016

Transaction ID : VSH7WE65DN0

Amount of Each Receipt this Period
48040.44

Memo Item

Refund

B. Paychex

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

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.55

Date of Receipt
MM / DD / YYYY
10 / 24 / 2016

Transaction ID : VSH7WE65E64

Amount of Each Receipt this Period
4.02

Memo Item

Refund

C. Paychex

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

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
642.55

Date of Receipt
MM / DD / YYYY
10 / 28 / 2016

Transaction ID : VSH7WE65E72

Amount of Each Receipt this Period
485.38

Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	48529.84
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 456
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Paychex
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 John St
 City West Henrietta State NY Zip Code 14586-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : VSH7WE65E80
 Amount of Each Receipt this Period
 135.68
 Memo Item
 Refund

B. USPS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Connecticut Ave NW
 City Washington State DC Zip Code 20036-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2016
Transaction ID : VSH7WE65ES4
 Amount of Each Receipt this Period
 298.35
 Memo Item
 Refund

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	434.03
TOTAL This Period (last page this line number only).....▶	330973.60

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

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

FOR LINE NUMBER: PAGE 19 OF 456
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amalgamated Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 K St NW
 City Washington State DC Zip Code 20006-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : VSH7WE65E98
 Amount of Each Receipt this Period
 203.95
 Memo Item
 Interest

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	203.95
TOTAL This Period (last page this line number only).....	203.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. 1528 Walnut Limited Partnership		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 100 S Broad St Ste 1300		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9
City Philadelphia	State PA	Zip Code 19110-1004
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 4610.38	
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. 791 E. McMillan LLC		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 791 E McMillan St Ste 210A		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9
City Cincinnati	State OH	Zip Code 45206-1938
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 735.00	
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) C. A For The People Insurance Agency Inc.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2514 Wylie Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9
City Pittsburgh	State PA	Zip Code 15219-4500
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 700.00	
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	

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

6045.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Activate Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15Th St NW
Ste 180

City Washington State DC Zip Code 20005-1503

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9!

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. Activate Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15Th St NW
Ste 180

City Washington State DC Zip Code 20005-1503

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VK9!

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Adams Catering

Full Name (Last, First, Middle Initial)

Mailing Address 14080 NW 22Nd Ave

City Opa Locka State FL Zip Code 33054-4144

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 3215.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19215.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. AFSCME Council 32		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 8033 Excelsior Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period [REDACTED] 186.75	
City Madison	State WI	Zip Code 53717-2900	Category/ Type 001
Purpose of Disbursement Telephone Services			
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. AFSCME Council 32		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 8033 Excelsior Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period [REDACTED] 1085.07	
City Madison	State WI	Zip Code 53717-2900	Category/ Type 001
Purpose of Disbursement Printing - Meeting Packets			
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) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016	
Mailing Address 1825 K St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9 Amount of Each Disbursement this Period [REDACTED] 26.71	
City Washington	State DC	Zip Code 20006-1245	Category/ Type 001
Purpose of Disbursement Bank Fees			
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:			

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

1298.53

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 1825 K St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9 Amount of Each Disbursement this Period [REDACTED] 902.76
City Washington	State DC	Zip Code 20006-1245
Purpose of Disbursement Bank Fees		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9 Amount of Each Disbursement this Period [REDACTED] 999.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Equipment		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period [REDACTED] 28.80
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1930.56
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 100.68
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Equipment		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 55.31
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 244.00
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	

SUBTOTAL of Disbursements This Page (optional).....▶	399.99
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 67.80
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 67.80
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 85.95
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	

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

221.55

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

[Redacted] 118.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

[Redacted] 120.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB!

Amount of Each Disbursement this Period

[Redacted] 135.60

Memo Item

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

[Redacted] 374.26

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB! Amount of Each Disbursement this Period [REDACTED] 135.60
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB! Amount of Each Disbursement this Period [REDACTED] 135.60
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB! Amount of Each Disbursement this Period [REDACTED] 171.90
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 443.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 846.20
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB.
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 85.74
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 109.80
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	

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

1041.74

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 244.00
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 244.00
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1116.04
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	

SUBTOTAL of Disbursements This Page (optional).....▶	1604.04
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				27				2016					

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VK9!
Amount of Each Disbursement this Period
[REDACTED] 11.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				27				2016					

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKA!
Amount of Each Disbursement this Period
[REDACTED] 31.86

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				27				2016					

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKB!
Amount of Each Disbursement this Period
[REDACTED] 37.92

Memo Item

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

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

[REDACTED]	80.91
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 60.87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 60.87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 60.87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	182.61
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 60.87
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 77.81
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 77.81
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	

SUBTOTAL of Disbursements This Page (optional).....▶	216.49
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

77.81

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

17.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

17.82

Memo Item

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

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

113.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 17.90
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 17.90
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 17.94
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	

SUBTOTAL of Disbursements This Page (optional).....▶	53.74
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 17.94
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 22.08
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) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 22.10
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	

SUBTOTAL of Disbursements This Page (optional).....▶	62.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 22.10

Memo Item

B. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 27.00

Memo Item

C. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period: 35.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 84.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period
[REDACTED] 36.06

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period
[REDACTED] 36.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period
[REDACTED] 71.66

Memo Item

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

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

[REDACTED]	144.10
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

73.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

109.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period

13.08

Memo Item

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

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

195.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA' Amount of Each Disbursement this Period 13.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA' Amount of Each Disbursement this Period 13.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA' Amount of Each Disbursement this Period 13.08
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	39.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

13.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

13.09

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

13.09

Memo Item

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

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

39.26

--

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

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

FOR LINE NUMBER:
(check only one)

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

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 13.09
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKA Amount of Each Disbursement this Period 15.73
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	41.91
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

15.73

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

15.78

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

18.98

Memo Item

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

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

50.49

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

[REDACTED] 19.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

[REDACTED] 21.93

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Office Supplies

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

[REDACTED] 21.98

Memo Item

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

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

[REDACTED] 63.50

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2016					

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

22.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2016					

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

22.21

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City
Seattle

State
WA

Zip Code
98109-5306

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2016					

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA

Amount of Each Disbursement this Period

24.08

Memo Item

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

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

68.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 42.34
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 43.93
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 52.46
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	138.73
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 60.87

Memo Item

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

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 63.42

Memo Item

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

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period: 110.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 234.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Event Supplies

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Event Supplies

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement
Event Supplies

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 326.10
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. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 432.70
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) C. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 704.70
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1463.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period [REDACTED] 379.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period [REDACTED] 378.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period [REDACTED] 93.10
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 850.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT!	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 149.10	
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. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT!	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 251.10	
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) C. American Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT!	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 261.20	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	661.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKT
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 336.10
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. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 392.70
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) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 392.70
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1121.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 421.00
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 491.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 521.20
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1433.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 582.20
City Dallas	State TX	Zip Code 75261-9616
Purpose of Disbursement Travel		Category/ Type 002
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. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 261.10
City Dallas	State TX	Zip Code 75261-9616
Purpose of Disbursement Travel		Category/ Type 002
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) C. American Unions Embroidery And Screen Printing, Inc.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 123 Swiggum Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 472.92
City Westby	State WI	Zip Code 54667-8187
Purpose of Disbursement Printing - Banners, No Express Advocacy		Category/ Type 004
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:		

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

1316.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. American Unions Embroidery And Screen Printing, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 123 Swiggum Rd

City Westby State WI Zip Code 54667-8187

Purpose of Disbursement Printing - Rally Signs, No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period: 810.63

Memo Item

B. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKV

Amount of Each Disbursement this Period: 233.00

Memo Item

C. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKV

Amount of Each Disbursement this Period: 48.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1091.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 55.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	
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. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 89.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	
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) C. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV/ Amount of Each Disbursement this Period 137.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	281.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 137.00
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. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 144.00
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) C. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKVI
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 89.00
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

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 370.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV! Amount of Each Disbursement this Period 178.00
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/Type 002	
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. Analyst Institute, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 815 16Th St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC! Amount of Each Disbursement this Period 7500.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Data Analysis Consulting Services	Category/Type 001	
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) C. Angle Mastagni Mathews Political Strategies, LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 507 N Sylvania Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH- Amount of Each Disbursement this Period 121948.36
City Fort Worth	State TX	Zip Code 76111-2317
Purpose of Disbursement Data Analysis Consulting Services	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	129626.36
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Anthony, Lardon, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 18824 NW 32Nd Pl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 1215.00	
City Miami Gardens	State FL	Zip Code 33056-3035	Category/Type 007
Purpose of Disbursement Catering for Event		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. AP Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 345 Huron Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period 15000.00	
City Cambridge	State MA	Zip Code 02138-6830	Category/Type 001
Purpose of Disbursement Communications Consulting Services		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Arwa, Garrett, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 425 Massachusetts Ave NW Apt 309		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 267.76	
City Washington	State DC	Zip Code 20001-7615	Category/Type 002
Purpose of Disbursement Reimbursement - Travel		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	16482.76
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Asana		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1550 Bryant St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City San Francisco	State CA	Zip Code 94103-4832	Amount of Each Disbursement this Period [REDACTED] 500.00
Purpose of Disbursement Project Management Services		Category/ Type 001	<input type="checkbox"/> 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. Asana		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 1550 Bryant St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City San Francisco	State CA	Zip Code 94103-4832	Amount of Each Disbursement this Period [REDACTED] 500.00
Purpose of Disbursement Project Management Services		Category/ Type 001	<input type="checkbox"/> 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) C. AT&T		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address PO Box 6463		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC	
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period [REDACTED] 100.00
Purpose of Disbursement Telecommunications Services		Category/ Type 001	<input type="checkbox"/> 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1100.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6463

City
Carol Stream

State
IL

Zip Code
60197-6463

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 6463

City
Carol Stream

State
IL

Zip Code
60197-6463

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6463

City
Carol Stream

State
IL

Zip Code
60197-6463

Purpose of Disbursement
Telecommunications Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Battle Born Progress

Full Name (Last, First, Middle Initial)

Mailing Address 2657 Windmill Pkwy # 619

City Henderson State NV Zip Code 89074-3384

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKC

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Bauman, Brad, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15Th St NW Ste 180

City Washington State DC Zip Code 20005-1503

Purpose of Disbursement Reimbursement - Travel, Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMS'

Amount of Each Disbursement this Period: 2846.94

Memo Item

C. Avis

Full Name (Last, First, Middle Initial)

Mailing Address 7135 GilesPie St

City Las Vegas State NV Zip Code 89119-4267

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMS

Amount of Each Disbursement this Period: 1179.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7846.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Elara Hilton Grand Vacations			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 80 E Harmon Ave			FEC Identification Number C [REDACTED]	
City Las Vegas	State NV	Zip Code 89109-4539	Transaction ID : VSG8M9VMS	
Purpose of Disbursement Lodging		Category/ Type 002	Amount of Each Disbursement this Period 1520.21	
Candidate Name		Memo Item <input checked="" 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. Bauman, Brad, , ,			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1030 15Th St NW Ste 180			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20005-1503	Transaction ID : VSG8M9VMS	
Purpose of Disbursement Reimb. - Food for Event, Travel, Event Supplies		Category/ Type 001	Amount of Each Disbursement this Period 980.82	
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) C. Best Buy			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 3100 14Th St NW NW			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20010-2415	Transaction ID : VSG8M9VMT	
Purpose of Disbursement Event Supplies		Category/ Type 007	Amount of Each Disbursement this Period 32.43	
Candidate Name		Memo Item <input checked="" 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:				

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

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

980.82
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Canyon Coach Lines

Full Name (Last, First, Middle Initial)

Mailing Address 3525 W Hacienda Ave

City Las Vegas State NV Zip Code 89118-1730

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 556.20

Memo Item

B. Little Caesar's

Full Name (Last, First, Middle Initial)

Mailing Address 1360 W Cheyenne Ave

City North Las Vegas State NV Zip Code 89030-7833

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 270.38

Memo Item

C. Beverly Crawford Ministries

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Event Speaking Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Blanco, Artie, , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 9342 Summer Rain Dr.		FEC Identification Number C [] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [] 992.67	
City Las Vegas	State NV	Zip Code 89134	Category/ Type 001
Purpose of Disbursement Reimb. - Food/Beverage, Office Equipment, Advertising			
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. Best Buy		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 3100 14Th St NW NW		FEC Identification Number C [] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [] 367.70	
City Washington	State DC	Zip Code 20010-2415	Category/ Type 001
Purpose of Disbursement Office Equipment			
Candidate Name		Memo Item <input checked="" 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) C. Costco		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 222 S Martin L King Blvd		FEC Identification Number C [] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [] 212.80	
City Las Vegas	State NV	Zip Code 89106-4305	Category/ Type 001
Purpose of Disbursement Food/Beverage			
Candidate Name		Memo Item <input checked="" 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 992.67
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Facebook

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025-1456

Purpose of Disbursement Digital Advertising - Recruitment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMK

Amount of Each Disbursement this Period: 254.40

Memo Item

B. Blanco, Artie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 9342 Summer Rain Dr.

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement Reimb. - Office Supplies, Food/Beverage, Postage, Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMK

Amount of Each Disbursement this Period: 1972.34

Memo Item

C. Costco

Full Name (Last, First, Middle Initial)

Mailing Address 222 S Martin L King Blvd

City Las Vegas State NV Zip Code 89106-4305

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMK

Amount of Each Disbursement this Period: 870.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1972.34

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. CVS Pharmacy		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1426 West Lake Mead		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 188.42	
City Las Vegas	State NV	Zip Code 89106-2431	Category/ Type 001
Purpose of Disbursement Food/Beverage		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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. National Car Rental		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 4000 International Ln		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 52.53	
City Madison	State WI	Zip Code 53704-3134	Category/ Type 002
Purpose of Disbursement Travel		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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 64.87	
City Boca Raton	State FL	Zip Code 33496-2434	Category/ Type 001
Purpose of Disbursement Office Supplies		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:	<input checked="" type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1050 Connecticut Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 27.94
City Washington	State DC	Zip Code 20036-5303
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Blanco, Artie, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 9342 Summer Rain Dr.		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 486.78
City Las Vegas	State NV	Zip Code 89134
Purpose of Disbursement Reimbursement - Food/Beverage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 222 S Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period 204.72
City Las Vegas	State NV	Zip Code 89106-4305
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

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

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

486.78
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. BlueLabs, LLC			Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 700 14Th St NW Frnt 2			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 7000.00	
City Washington	State DC	Zip Code 20005-2016	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Research Services		Category/ Type 001		
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. BlueLabs, LLC			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 700 14Th St NW Frnt 2			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 25148.00	
City Washington	State DC	Zip Code 20005-2016	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Research Services		Category/ Type 001		
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) C. BlueLabs, LLC			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 700 14Th St NW Frnt 2			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20005-2016	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Research Services		Category/ Type 001		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	37148.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. BlueLabs, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 700 14Th St NW Frnt 2		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 7000.00
City Washington	State DC	Zip Code 20005-2016
Purpose of Disbursement Research Services		Category/ Type 001
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. BlueLabs, LLC		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 700 14Th St NW Frnt 2		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 161.69
City Washington	State DC	Zip Code 20005-2016
Purpose of Disbursement Research Services		Category/ Type 001
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) C. Bouchard Gold Communications		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1617 W 6Th St Ste B		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMN Amount of Each Disbursement this Period 862.77
City Austin	State TX	Zip Code 78703-5080
Purpose of Disbursement Travel Expenses		Category/ Type 002
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	8024.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Bouchard Gold Communications

Mailing Address 1617 W 6Th St
Ste B

City Austin State TX Zip Code 78703-5080

Purpose of Disbursement Direct Mail Services - No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMN
Amount of Each Disbursement this Period
33138.23

Memo Item

Full Name (Last, First, Middle Initial)

B. Bridgestreet Corporate Housing

Mailing Address 11180 Sunrise Valley Dr
Ste 400

City Reston State VA Zip Code 20191-4367

Purpose of Disbursement Rent

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
1341.15

Memo Item

Full Name (Last, First, Middle Initial)

C. Bright House Networks

Mailing Address PO Box 31710

City Tampa State FL Zip Code 33631-3710

Purpose of Disbursement Utilities

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period
199.28

Memo Item

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

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

34678.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Bright House Networks		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address PO Box 31710		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 28.08
City Tampa	State FL	Zip Code 33631-3710
Purpose of Disbursement Utilities		Category/Type 001
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. Bright House Networks		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address PO Box 31710		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 199.28
City Tampa	State FL	Zip Code 33631-3710
Purpose of Disbursement Utilities		Category/Type 001
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) C. Broadway Social		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 217 Broadway		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 378.00
City Bethlehem	State PA	Zip Code 18015-1507
Purpose of Disbursement Food/Beverage		Category/Type 001
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: _____	

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

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

605.36
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. BSD 18 LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 2618 NE 191St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 1850.00
City Miami	State FL	Zip Code 33180-2632
Purpose of Disbursement Rent	Category/Type 001	
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. BSD 18 LLC		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2618 NE 191St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 2590.00
City Miami	State FL	Zip Code 33180-2632
Purpose of Disbursement Rent	Category/Type 001	
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) C. Caesars Party Rentals		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 275 Boulder Hwy #14		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 260.00
City Las Vegas	State NV	Zip Code 89122
Purpose of Disbursement Event Equipment Rental	Category/Type 007	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	4700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. CAL KAR LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 3245 E 5Th Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period 1450.00
City Columbus	State OH	Zip Code 43219-2807
Purpose of Disbursement Rent		Category/ Type 001
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. Campaign Associates, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 223250		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 4343.28
City Hollywood	State FL	Zip Code 33022-3250
Purpose of Disbursement Printing - T-Shirts, No Express Advocacy		Category/ Type 004
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) C. Campaign Associates, Inc.		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address PO Box 223250		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 698.70
City Hollywood	State FL	Zip Code 33022-3250
Purpose of Disbursement Printing - Stickers, No Express Advocacy		Category/ Type 004
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	6491.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Carmi Family Restaurant

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 917 Western Ave

M M M	/	D D D	/	Y Y Y Y Y
10		21		2016

City
Pittsburgh

State
PA

Zip Code
15233-1717

FEC Identification Number

Purpose of Disbursement
Food for Event

C
007
Category/ Type

Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

Candidate Name

439.36

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

B. Catalyst

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1090 Vermont Ave NW
Ste 300

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
Washington

State
DC

Zip Code
20005-4966

FEC Identification Number

Purpose of Disbursement
Data Research Services

C
001
Category/ Type

Transaction ID : VSG8M9VKDI
Amount of Each Disbursement this Period

Candidate Name

22805.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

C. Catalyst

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1090 Vermont Ave NW
Ste 300

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

City
Washington

State
DC

Zip Code
20005-4966

FEC Identification Number

Purpose of Disbursement
Data Research Services

C
001
Category/ Type

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

Candidate Name

12376.16

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

35620.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Chapman, Jeremiah, , ,			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 4426 Meridian Dr			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period 5000.00	
City Charlotte	State NC	Zip Code 28216-2320	Category/Type 001	
Purpose of Disbursement Field Consulting Services			Memo Item <input type="checkbox"/>	
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. Charter Communications			Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address PO Box 3019			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD' Amount of Each Disbursement this Period 138.12	
City Milwaukee	State WI	Zip Code 53201-3019	Category/Type 001	
Purpose of Disbursement Telecommunications Services			Memo Item <input type="checkbox"/>	
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) C. Chipotle			Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD Amount of Each Disbursement this Period 102.60	
City Denver	State CO	Zip Code 80202-1729	Category/Type 001	
Purpose of Disbursement Food/Beverage			Memo Item <input type="checkbox"/>	
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:				

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

5240.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 119.83
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 87.40
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 117.56
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	324.79
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 117.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 117.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Chipotle		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1401 Wynkoop St Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 118.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	353.79
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 118.67

Memo Item

B. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 119.66

Memo Item

C. Chipotle

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 119.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 358.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 119.78	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
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. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 162.26	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
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) C. Chipotle			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1401 Wynkoop St Ste 500			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD	
City Denver	State CO	Zip Code 80202-1729	Amount of Each Disbursement this Period [REDACTED] 162.26	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 444.30
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Chipotle

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement Food/Beverage
Candidate Name
Category/Type **001**

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

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
163.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Christ And Saint Ambrose Episcopal Church

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Voided Check from 9/28/2016
Candidate Name
Category/Type **007**

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

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VJSN
Amount of Each Disbursement this Period
-341.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Christ And Saint Ambrose Episcopal Church

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Rent
Candidate Name
Category/Type **001**

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

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period
341.00

Memo Item

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

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

163.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Christ And Saint Ambrose Episcopal Church

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

Mailing Address 3552 N 6Th St

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Rent

001
Category/Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

B. Coleman, Edward, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2016

Mailing Address 759 Princeton PI NW

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMT!
Amount of Each Disbursement this Period

[REDACTED] 6500.00

Memo Item

City Washington State DC Zip Code 20010-1606

Purpose of Disbursement Data Analysis Services

001
Category/Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

C. Columbus Hospitality, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

Mailing Address 33 E Nationwide Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKD
Amount of Each Disbursement this Period

[REDACTED] 2700.00

Memo Item

City Columbus State OH Zip Code 43215-2512

Purpose of Disbursement Rent

001
Category/Type

Candidate Name

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

State: District:

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

[REDACTED] 9700.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 341.40
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKDI
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 799.55
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) C. Comcast		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 165.95
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	

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

[REDACTED] 1306.90

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Comcast

Full Name (Last, First, Middle Initial)

Mailing Address One Comcast Center 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Telecommunications Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 394.97

Memo Item

B. Comcast

Full Name (Last, First, Middle Initial)

Mailing Address One Comcast Center 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Telecommunications Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKDI

Amount of Each Disbursement this Period: 551.59

Memo Item

C. Comcast

Full Name (Last, First, Middle Initial)

Mailing Address One Comcast Center 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Telecommunications Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 719.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1665.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Cox Communications		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 6205B Peachtree Dunwoody Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD' Amount of Each Disbursement this Period 1263.30
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications Services		001 Category/ Type
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. Cox Communications		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 6205B Peachtree Dunwoody Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD' Amount of Each Disbursement this Period 881.94
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications Services		001 Category/ Type
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) C. Cox Communications		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 6205B Peachtree Dunwoody Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD' Amount of Each Disbursement this Period 300.47
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications Services		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	2445.71
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. CRI Digital

Full Name (Last, First, Middle Initial)

Mailing Address 4800 Evanswood Dr

City Columbus State OH Zip Code 43229-6207

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Crossroads Land Company

Full Name (Last, First, Middle Initial)

Mailing Address 333 S Main St Ste 207

City Akron State OH Zip Code 44308-1202

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 900.00

Memo Item

C. Data Farm Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 12932 W Glacier Dr

City Evansville State WI Zip Code 53536-9389

Purpose of Disbursement Data Research Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 38700.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 42100.36

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City: Evansville State: WI Zip Code: 53536-9389

Purpose of Disbursement: Data Research Services
Candidate Name: _____
Category/Type: **001**

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

Date of Disbursement: MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VKE**
Amount of Each Disbursement this Period: **4835.50**

Memo Item

Full Name (Last, First, Middle Initial)
B. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City: Evansville State: WI Zip Code: 53536-9389

Purpose of Disbursement: Data Research Services
Candidate Name: _____
Category/Type: **001**

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

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VKE**
Amount of Each Disbursement this Period: **6250.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City: Evansville State: WI Zip Code: 53536-9389

Purpose of Disbursement: Data Research Services
Candidate Name: _____
Category/Type: **001**

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

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VKE**
Amount of Each Disbursement this Period: **9315.29**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **20400.79**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Data Farm Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 3592.65	
City Evansville	State WI	Zip Code 53536-9389	Category/ Type 001
Purpose of Disbursement Data Research Services		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Data Farm Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 2562.40	
City Evansville	State WI	Zip Code 53536-9389	Category/ Type 001
Purpose of Disbursement Data Research Services		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Data Farm Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 3384.00	
City Evansville	State WI	Zip Code 53536-9389	Category/ Type 001
Purpose of Disbursement Data Research Services		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9539.05
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Dave's Supermarket

Full Name (Last, First, Middle Initial)

Mailing Address 3301 Payne Ave

City Cleveland State OH Zip Code 44114-4313

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 5200.00

Memo Item

B. Davis, Malcolm, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3139 NW 49Th Street,

City Miami State FL Zip Code 33142-3420

Purpose of Disbursement DJ Services for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMX

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Delta

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKV

Amount of Each Disbursement this Period: 576.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6276.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 530.70
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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. Delta		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 144.10
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 116.60
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	791.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV! Amount of Each Disbursement this Period [REDACTED] 647.20
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel		Category/Type 002
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV! Amount of Each Disbursement this Period [REDACTED] 1198.70
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel		Category/Type 002
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV! Amount of Each Disbursement this Period [REDACTED] 1198.70
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel		Category/Type 002
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3044.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1030 Delta Blvd				
City Atlanta		State GA	Zip Code 30354-1989	
Purpose of Disbursement Travel			002 Category/ Type	
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:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
1198.70

Full Name (Last, First, Middle Initial) B. Delta			Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 1030 Delta Blvd				
City Atlanta		State GA	Zip Code 30354-1989	
Purpose of Disbursement Travel			002 Category/ Type	
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:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
649.20

Full Name (Last, First, Middle Initial) C. Delta			Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 1030 Delta Blvd				
City Atlanta		State GA	Zip Code 30354-1989	
Purpose of Disbursement Travel			002 Category/ Type	
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:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
1048.70

SUBTOTAL of Disbursements This Page (optional).....▶	2896.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED]
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKV
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 421.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Dhir, Nimit, , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 2140 E Pebble Rd Ste 260		FEC Identification Number C [REDACTED]
City Las Vegas	State NV	Zip Code 89123-3237
Purpose of Disbursement Reimbursement - Mileage		Transaction ID : VSG8M9VMY
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 132.84
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Dhir, Nimit, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2140 E Pebble Rd Ste 260		FEC Identification Number C [REDACTED]
City Las Vegas	State NV	Zip Code 89123-3237
Purpose of Disbursement Reimb. - Food for Event, Travel		Transaction ID : VSG8M9VMY
Candidate Name	Category/Type 001	Amount of Each Disbursement this Period 814.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1368.43
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Lee's Sandwiches

Full Name (Last, First, Middle Initial)

Mailing Address 3989 Spring Mountain Rd

City Las Vegas State NV Zip Code 89102-8613

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period: 357.75

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKEI

Amount of Each Disbursement this Period: 62.24

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 93.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 155.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 137.80
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 167.06
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 169.39
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 474.25
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 213.86
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 236.28
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
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) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 239.80
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 689.94
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKFI Amount of Each Disbursement this Period [REDACTED] 255.39
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKFI Amount of Each Disbursement this Period [REDACTED] 258.19
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 81.13
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 594.71
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 86.57

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 91.35

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 281.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 459.59

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 77.37
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 89.26
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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) C. Domino's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 136.41
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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:		

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

[REDACTED] 303.04

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 55.63

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 72.00

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 72.18

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 199.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 74.79
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 75.48
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 83.33
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	233.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 85.79

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 87.48

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 99.60

Memo Item

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

272.87

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period

[Redacted] 143.86

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period

[Redacted] 207.52

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period

[Redacted] 50.63

Memo Item

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

[Redacted] 402.01

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE! Amount of Each Disbursement this Period [REDACTED] 54.37
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE! Amount of Each Disbursement this Period [REDACTED] 72.00
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE! Amount of Each Disbursement this Period [REDACTED] 75.48
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 201.85

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period
79.79

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period
80.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period
85.48

Memo Item

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

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

245.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 88.33
Candidate Name	Category/Type	<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. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 143.86
Candidate Name	Category/Type	<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) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKEI
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 193.20
Candidate Name	Category/Type	<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:		

SUBTOTAL of Disbursements This Page (optional).....▶	425.39
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 230.99
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 276.63
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period [REDACTED] 322.71
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 830.33
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

50.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

73.62

Memo Item

Full Name (Last, First, Middle Initial)

C. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City
Ann Arbor

State
MI

Zip Code
48105-9757

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKE
Amount of Each Disbursement this Period

81.81

Memo Item

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

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

205.68

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

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

FOR LINE NUMBER: (check only one)

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

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)
For Our Future

A. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 89.87

Memo Item

B. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 94.32

Memo Item

C. Domino's

Full Name (Last, First, Middle Initial)

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 99.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 283.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 129.49
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 143.70
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	373.19
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 250.73
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
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. Domino's		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 300.15
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	Category/Type 001	
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) C. Drinkmore Delivery, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 7595 Rickenbacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF! Amount of Each Disbursement this Period [REDACTED] 97.67
City Gaithersburg	State MD	Zip Code 20879-4808
Purpose of Disbursement Water for Office	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 648.55
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Drinkmore Delivery, Inc.		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 7595 Rickenbacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 115.65	
City Gaithersburg	State MD	Zip Code 20879-4808	Category/Type 001
Purpose of Disbursement Water for Office		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Drury Inn		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 88 E Nationwide Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 2067.84	
City Columbus	State OH	Zip Code 43215-2576	Category/Type 002
Purpose of Disbursement Lodging		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 133.22	
City Charlotte	State NC	Zip Code 28201-1004	Category/Type 001
Purpose of Disbursement Utilities		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:	<input type="checkbox"/> Memo Item		

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

2316.71

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 111.16
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
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. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 44.55
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
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) C. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 35.60
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
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:		

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

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

191.31
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Elkay Property Management		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1669 Edgewood Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 850.00
City Yardley	State PA	Zip Code 19067-5571
Purpose of Disbursement Rent		Category/ Type 001
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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 20409.14
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Category/ Type 002
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) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period [REDACTED] 2362.81
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Category/ Type 002
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: _____	

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

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

[REDACTED] 23621.95
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VMW	
Candidate Name			Amount of Each Disbursement this Period 645.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKXI	
Candidate Name			Amount of Each Disbursement this Period 3114.98	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKX	
Candidate Name			Amount of Each Disbursement this Period 3114.98	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

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

6874.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/ Type
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 : VSG8M9VKV Amount of Each Disbursement this Period 1929.08
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/ Type
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 : VSG8M9VKV Amount of Each Disbursement this Period 39.11
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/ Type
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 : VSG8M9VKV Amount of Each Disbursement this Period 858.70
State: District:		<input type="checkbox"/> Memo Item

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

2826.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 869.95	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 869.95	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 869.95	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2609.85
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 869.95
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 869.95
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 975.72
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2715.62
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 975.72
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 975.72
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 1067.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3018.52
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 51.48
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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 550.25
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) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VKW
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 550.25
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1151.98
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	<input type="checkbox"/> 002	Amount of Each Disbursement this Period [REDACTED] 70.27
Candidate Name	Category/ Type	<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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	<input type="checkbox"/> 002	Amount of Each Disbursement this Period [REDACTED] 70.27
Candidate Name	Category/ Type	<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) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	<input type="checkbox"/> 002	Amount of Each Disbursement this Period [REDACTED] 70.27
Candidate Name	Category/ Type	<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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 210.81
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 70.27
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 70.27
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 81.52
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:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....▶	222.06
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKW
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKW
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 917.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Transaction ID : VSG8M9VKX
Candidate Name	Category/Type 002	Amount of Each Disbursement this Period 2305.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4139.54
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 913.34	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 913.34	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : VSG8M9VKW	
Candidate Name			Amount of Each Disbursement this Period 913.34	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2740.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period 917.08
Purpose of Disbursement Travel		Category/ Type 002	Memo Item <input type="checkbox"/>
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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period 917.08
Purpose of Disbursement Travel		Category/ Type 002	Memo Item <input type="checkbox"/>
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) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period 917.08
Purpose of Disbursement Travel		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	2751.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 917.08
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 917.08
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 917.08
City Madison	State WI	
Zip Code 53713-2685	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

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

2751.24

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 917.08
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 937.08
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 940.22
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:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2794.38
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/Type
Candidate Name		Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/Type
Candidate Name		Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED]
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	002 Category/Type
Candidate Name		Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

2965.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period [REDACTED] 1260.46
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Category/ Type 002
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period [REDACTED] 2661.45
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Category/ Type 002
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 550.25
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel		Category/ Type 002
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4472.16
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period [REDACTED] 917.08
Purpose of Disbursement Travel		Category/Type 002	<input type="checkbox"/> 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. Enterprise Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 200 W Beltline Hwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKW	
City Madison	State WI	Zip Code 53713-2685	Amount of Each Disbursement this Period [REDACTED] 917.08
Purpose of Disbursement Travel		Category/Type 002	<input type="checkbox"/> 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) C. Evans & Katz, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address PO Box 75357		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG	
City Washington	State DC	Zip Code 20013-0357	Amount of Each Disbursement this Period [REDACTED] 18830.31
Purpose of Disbursement Compliance Services		Category/Type 001	<input type="checkbox"/> 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:			

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

[REDACTED] 20664.47

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Extra Extras, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 151 E Los Torritos St

City Weslaco State TX Zip Code 78596-5333

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VND

Amount of Each Disbursement this Period: 122940.00

Memo Item

B. Extra Extras, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 151 E Los Torritos St

City Weslaco State TX Zip Code 78596-5333

Purpose of Disbursement Administrative Staff Salaries and Benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNDI

Amount of Each Disbursement this Period: 19671.69

Memo Item

C. Florida Renaissance Corp.

Full Name (Last, First, Middle Initial)

Mailing Address 128 E Colonial Dr

City Orlando State FL Zip Code 32801-1234

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 1739.69

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	144351.38
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Full Circle Production Team

Full Name (Last, First, Middle Initial)

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Event Production Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT1

Amount of Each Disbursement this Period: 2250.00

Memo Item

B. Full Circle Production Team

Full Name (Last, First, Middle Initial)

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Event Production Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT1

Amount of Each Disbursement this Period: 2250.00

Memo Item

C. Full Circle Production Team

Full Name (Last, First, Middle Initial)

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Event Production Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Gamez-Jimenez, Blanca, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1651 Serenada Ave

City Las Vegas State NV Zip Code 89169-2508

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: 210.00

Memo Item

B. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: 210.00

Memo Item

C. Gateway Retail Center LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5238-6 Norwood Ave

City Jacksonville State FL Zip Code 32208-5005

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 131.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 341.16

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Gateway Retail Center LLC

Mailing Address 5238-6 Norwood Ave

City Jacksonville

State FL

Zip Code 32208-5005

Purpose of Disbursement Rent

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
880.16

Memo Item

Full Name (Last, First, Middle Initial)

B. Gilbert & Wolfand, PC

Mailing Address 2201 Wisconsin Ave NW

City Washington

State DC

Zip Code 20007-4105

Purpose of Disbursement Accounting Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
12184.15

Memo Item

Full Name (Last, First, Middle Initial)

C. GM Networking, LLC

Mailing Address 309 N Royal St

City Alexandria

State VA

Zip Code 22314-2628

Purpose of Disbursement Event Planning Services

007

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period
3273.70

Memo Item

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

16338.01

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Goldman, Jerrold, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3005 W Capitol Dr
Apt 1

City Milwaukee State WI Zip Code 53216-2655

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 1750.00

Memo Item

B. Goldman, Jerrold, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3005 W Capitol Dr
Apt 1

City Milwaukee State WI Zip Code 53216-2655

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 1750.00

Memo Item

C. Goldman, Jerrold, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3005 W Capitol Dr
Apt 1

City Milwaukee State WI Zip Code 53216-2655

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 1950.00

Memo Item

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

5450.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Gongwer		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 17 S High St Ste 630		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 250.00
City Columbus	State OH	Zip Code 43215-3413
Purpose of Disbursement Subscription		Category/ Type 001
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. Greater Wisconsin Committee		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 861		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 1000.00
City Madison	State WI	Zip Code 53701-0861
Purpose of Disbursement District Maps		Category/ Type 001
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) C. Grier, Michael, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 819 N 6Th St Rm 723		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period 225.00
City Milwaukee	State WI	Zip Code 53203-1606
Purpose of Disbursement Salary		Category/ Type 001
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1475.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Gritz Cafe

Full Name (Last, First, Middle Initial)

Mailing Address 1911 Stella Lake St
150

City Las Vegas State NV Zip Code 89106-2142

Purpose of Disbursement Catering for Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 1621.50

Memo Item

B. Hamill, Joe, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4120 N Martin L King Blvd

City North Las Vegas State NV Zip Code 89032-0297

Purpose of Disbursement Reimbursement - Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 168.62

Memo Item

C. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 168.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1790.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Hamill, Joe, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4120 N Martin L King Blvd

City North Las Vegas State NV Zip Code 89032-0297

Purpose of Disbursement Reimbursement - Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 160.29

Memo Item

B. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 117.81

Memo Item

C. Harcar Investments LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4744 Rushwood Cir

City Englewood State OH Zip Code 45322-3612

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 760.29

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Harland Clarke		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 15955 La Cantera Pkwy		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG	
City San Antonio	State TX	Zip Code 78256-2589	Amount of Each Disbursement this Period [REDACTED] 194.70
Purpose of Disbursement Office Supplies		Category/Type 001	<input type="checkbox"/> 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. Hegwood, Zarkey, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 6659 N Bourbon St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNCI	
City Milwaukee	State WI	Zip Code 53224-5151	Amount of Each Disbursement this Period [REDACTED] 375.60
Purpose of Disbursement Reimbursement - Office Equipment		Category/Type 001	<input type="checkbox"/> 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) C. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC	
City Boca Raton	State FL	Zip Code 33496-2434	Amount of Each Disbursement this Period [REDACTED] 375.60
Purpose of Disbursement Office Equipment		Category/Type 001	<input checked="" type="checkbox"/> 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:			

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

[REDACTED] 570.30

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Higher Heights For America

Mailing Address 147 Prince St
Ste 12

City Brooklyn State NY Zip Code 11201-3007

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Hilltop Public Solutions

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period
7450.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hilltop Public Solutions

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
18276.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30726.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Hilltop Public Solutions		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 3000 K St NW Ste 320		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 4300.00
City Washington	State DC	Zip Code 20007-5109
Purpose of Disbursement Communications Consulting Services		Category/Type 001
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. Hirestrategy		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS/ Amount of Each Disbursement this Period 1414.38
City Chicago	State IL	Zip Code 60677-7000
Purpose of Disbursement Payroll - Temp Services		Category/Type 001
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) C. Hirestrategy		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 640.00
City Chicago	State IL	Zip Code 60677-7000
Purpose of Disbursement Payroll - Temp Services		Category/Type 001
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:		

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

6354.38

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Hirestrategy		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 785.00	
City Chicago	State IL	Zip Code 60677-7000	Category/ Type 001
Purpose of Disbursement Payroll - Temp Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hirestrategy		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 755.00	
City Chicago	State IL	Zip Code 60677-7000	Category/ Type 001
Purpose of Disbursement Payroll - Temp Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hirestrategy		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 740.00	
City Chicago	State IL	Zip Code 60677-7000	Category/ Type 001
Purpose of Disbursement Payroll - Temp Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2280.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hirestrategy

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement Payroll - Temp Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period: 765.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hofer, Devin, , ,

Mailing Address 13330 W Bluemound Rd

City Elm Grove State WI Zip Code 53122-2536

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMTI

Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hofer, Devin, , ,

Mailing Address 13330 W Bluemound Rd

City Elm Grove State WI Zip Code 53122-2536

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3765.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Hofer, Devin, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 13330 W Bluemound Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT. Amount of Each Disbursement this Period 1700.00
City Elm Grove	State WI	Zip Code 53122-2536
Purpose of Disbursement Field Consulting Services		Category/ Type 001
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. Holiday Inn Capitol Square Columbus		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 175 E Town St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKXI Amount of Each Disbursement this Period 799.22
City Columbus	State OH	Zip Code 43215-4609
Purpose of Disbursement Lodging		Category/ Type 002
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) C. Holiday Inn Express		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1701 N University Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 9258.66
City Plantation	State FL	Zip Code 33322-4108
Purpose of Disbursement Lodging		Category/ Type 002
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:	

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

11757.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Holloway, Linda, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1525 NW 167Th,

City Miami Gardens State FL Zip Code 33056

Purpose of Disbursement Event Planning Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMX

Amount of Each Disbursement this Period: 300.00

Memo Item

B. Holstein, Greg, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 927 Fairfax St

City Altoona State WI Zip Code 54720-1166

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period: 495.00

Memo Item

C. Holy Ghost Cafe And Grill

Full Name (Last, First, Middle Initial)

Mailing Address 2427 Olson Ln

City Jacksonville State FL Zip Code 32210-3568

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 1658.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2453.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Homewood Suites

Mailing Address 1475 Massachusetts Ave NW

City
Washington

State
DC

Zip Code
20005-2806

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2016

FEC Identification Number

C

Transaction ID : VSG8M9VKXl

Amount of Each Disbursement this Period

12029.47

Memo Item

Full Name (Last, First, Middle Initial)

B. Horny Goat Marina, LLC

Mailing Address 1933 S 1St St

City
Milwaukee

State
WI

Zip Code
53204-4006

Purpose of Disbursement
Parking

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 21 / 2016

FEC Identification Number

C

Transaction ID : VSG8M9VKGl

Amount of Each Disbursement this Period

3168.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Horny Goat Marina, LLC

Mailing Address 1933 S 1St St

City
Milwaukee

State
WI

Zip Code
53204-4006

Purpose of Disbursement
Parking

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 01 / 2016

FEC Identification Number

C

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period

100.32

Memo Item

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

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

15297.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY!
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Hotels.Com		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 5400 Lbj Fwy Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY! Amount of Each Disbursement this Period 1129.33
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Lodging	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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. Hotels.Com		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 5400 Lbj Fwy Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKXI! Amount of Each Disbursement this Period 437.54
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Lodging	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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) C. Hotels.Com		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 5400 Lbj Fwy Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX! Amount of Each Disbursement this Period 555.27
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Lodging	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	2122.14
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 855.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKXI

Amount of Each Disbursement this Period: 297.74

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKX

Amount of Each Disbursement this Period: 388.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1541.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
1796.04

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKXJ
Amount of Each Disbursement this Period
719.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKXJ
Amount of Each Disbursement this Period
519.69

Memo Item

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

3034.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKXI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 2138.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKX

Amount of Each Disbursement this Period: 640.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 1024.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3804.36

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hotels.Com

Mailing Address 5400 Lbj Fwy
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement
Lodging

002
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
378.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Houghton Street Consulting, LLC

Mailing Address 1001 E Sunset Rd
96841

City Las Vegas State NV Zip Code 89199-5104

Purpose of Disbursement
Strategic Planning Consulting Services

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
6800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

004
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
59518.00

Memo Item

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

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

66696.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
115000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
7007.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
15000.00

Memo Item

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

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

137007.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Hustle, Inc.

Mailing Address 251 Kearny St
Ste 300

City San Francisco State CA Zip Code 94108-4544

Purpose of Disbursement
Voter Outreach Calls - No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
11625.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement
Printing - Posters, No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period
1830.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City North Miami State FL Zip Code 33161-4424

Purpose of Disbursement
Printing - Placards, No Express Advocacy

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period
323.14

Memo Item

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

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

13778.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - T-Shirts, No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 7630.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - Tote Bags and Palm Cards, No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 6075.46

Memo Item

Full Name (Last, First, Middle Initial)

C. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - Placards, No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 451.39

Memo Item

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

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

[REDACTED] 14157.02

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - Banners, No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

1286.51

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - Pledge Cards, No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

446.91

Memo Item

Full Name (Last, First, Middle Initial)

C. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

4684.32

Memo Item

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

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

6417.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Mailing Labels

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 732.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Image Plus Graphics, Inc.

Mailing Address 1440 NE 131St St

City
North Miami

State
FL

Zip Code
33161-4424

Purpose of Disbursement
Printing - ID Cards, No Express Advocacy

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 201.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Impact Office Supplies

Mailing Address 6800 Distribution Dr

City
Beltsville

State
MD

Zip Code
20705-1400

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period

[REDACTED] 18820.86

Memo Item

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

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

[REDACTED] 19754.97

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. IR Media LLC

Mailing Address 1900 L St NW
NW Ste. 611

City
Washington

State
DC

Zip Code
20036-5002

Purpose of Disbursement
Print Advertising - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. IR Media LLC

Mailing Address 1900 L St NW
NW Ste. 611

City
Washington

State
DC

Zip Code
20036-5002

Purpose of Disbursement
Print Advertising - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jacksonville Bounce House Rentals

Mailing Address 8725 Youngerman Ct
Ste 111

City
Jacksonville

State
FL

Zip Code
32244-6692

Purpose of Disbursement
Event Equipment Rental

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period

779.17

Memo Item

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

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

5779.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. James Hoyer PA		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 4830 W Kennedy Blvd Ste 550		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 22500.00
City Tampa	State FL	Zip Code 33609-2589
Purpose of Disbursement Legal Services		Category/Type 001
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. JEA		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 21 W Church St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 553.46
City Jacksonville	State FL	Zip Code 32202-3155
Purpose of Disbursement Utilities		Category/Type 001
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) C. JetBlue		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 174.10
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel		Category/Type 002
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	23227.56
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. JetBlue		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 121.10
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel	Category/Type 002	
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. JetBlue		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 322.20
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel	Category/Type 002	
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) C. JYG Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 3701 Bradley Ln		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 10000.00
City Chevy Chase	State MD	Zip Code 20815-4271
Purpose of Disbursement Business Management Consulting Services	Category/Type 001	
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:		

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

10534.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. JLee Strategies, LLC			Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 5750 Parkview Lake Dr				
City Orlando	State FL	Zip Code 32821-5506	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : VSG8M9VKS!	
Candidate Name			Amount of Each Disbursement this Period 1010.86	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. JLee Strategies, LLC			Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 5750 Parkview Lake Dr				
City Orlando	State FL	Zip Code 32821-5506	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : VSG8M9VKS!	
Candidate Name			Amount of Each Disbursement this Period 12000.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. JLee Strategies, LLC			Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 5750 Parkview Lake Dr				
City Orlando	State FL	Zip Code 32821-5506	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : VSG8M9VKS!	
Candidate Name			Amount of Each Disbursement this Period 1466.96	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	14477.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Jocelin, Donald, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 5220 Sunridge Palms Dr				
City Tampa	State FL	Zip Code 33617-1438	FEC Identification Number C [REDACTED]	
Purpose of Disbursement DJ Services for Event			Transaction ID : VSG8M9VMT	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Jordan And Jordan			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address Address Requested				
City	State	Zip Code	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Event Planning Services			Transaction ID : VSG8M9VKT7	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 350.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. JVA Campaigns LLC			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 240 N 5Th St Ste 360				
City Columbus	State OH	Zip Code 43215-2600	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Printing - Canvassing Literature, No Express Advocacy			Transaction ID : VSG8M9VMX	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1978.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

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

[REDACTED] 2628.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Kennedy Printing Company, Inc.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 5534 Baltimore Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX
City Philadelphia	State PA	Zip Code 19143-3106
Purpose of Disbursement Printing - Stickers, No Express Advocacy		Category/Type 004
Candidate Name		Amount of Each Disbursement this Period 311.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kenneth & Jerrine Kellicut		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1814 Barnabee Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG;
City La Crosse	State WI	Zip Code 54601-6922
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 600.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Kotchmar, Rich, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 667 S Mountain Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN1
City New City	State NY	Zip Code 10956-5709
Purpose of Disbursement Reimbursement - Mileage, Parking, Travel		Category/Type 002
Candidate Name		Amount of Each Disbursement this Period 4567.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5478.52
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1/

Amount of Each Disbursement this Period: 864.00

Memo Item

B. Delta

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1E

Amount of Each Disbursement this Period: 1907.80

Memo Item

C. Ledo Pizza

Full Name (Last, First, Middle Initial)

Mailing Address 1721 Wisconsin Ave NW

City Washington State DC Zip Code 20007-2314

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 109.85

Memo Item

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

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

109.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Ledo Pizza

Mailing Address 1721 Wisconsin Ave NW

City
Washington

State
DC

Zip Code
20007-2314

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period

[REDACTED] 199.91

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee, Camden, , ,

Mailing Address 4072 N Sheridan Rd
Apt GD

City
Chicago

State
IL

Zip Code
60613-5435

Purpose of Disbursement
Digital Consulting Services

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period

[REDACTED] 887.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lee, Jackie, , ,

Mailing Address 5750 Parkview Lake Dr

City
Orlando

State
FL

Zip Code
32821-5506

Purpose of Disbursement
Reimbursement - Lodging, Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period

[REDACTED] 849.37

Memo Item

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

[REDACTED] 1936.28

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Marriott Courtyard

Mailing Address 440 Seabreeze Blvd

City
Fort Lauderdale

State
FL

Zip Code
33316-1622

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee, Jason, , ,

Mailing Address 1625 L St NW

City
Washington

State
DC

Zip Code
20036-5665

Purpose of Disbursement
Reimb. - Travel, Office Supplies, Event Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 421.23

Memo Item

Full Name (Last, First, Middle Initial)

C. LensRentals

Mailing Address 7730A Trinity Rd, Suite 102

City
Cordova

State
TN

Zip Code
38018-2722

Purpose of Disbursement
Office Equipment Rental

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period

[REDACTED] 580.00

Memo Item

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

[REDACTED] 1001.23

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Lincoln Warehouse Inc.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2018 S 1St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 1605.00	
City Milwaukee	State WI	Zip Code 53207-1102	Category/Type 001
Purpose of Disbursement Rent			
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. Lowe's		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 5385 Ridge Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 469.22	
City Cincinnati	State OH	Zip Code 45213-2543	Category/Type 001
Purpose of Disbursement Office Equipment			
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) C. Lowe's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 5385 Ridge Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 321.86	
City Cincinnati	State OH	Zip Code 45213-2543	Category/Type 001
Purpose of Disbursement Office Equipment			
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:			

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

2396.08

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. LV Print Center

Full Name (Last, First, Middle Initial)

Mailing Address 306 Brodhead Ave

City Bethlehem State PA Zip Code 18015-1794

Purpose of Disbursement Printing - T-Shirts, No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMX

Amount of Each Disbursement this Period: 2315.04

Memo Item

B. Manhattan Bagels

Full Name (Last, First, Middle Initial)

Mailing Address 125 S 18Th St

City Philadelphia State PA Zip Code 19103-5240

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH!

Amount of Each Disbursement this Period: 65.84

Memo Item

C. Manhattan Bagels

Full Name (Last, First, Middle Initial)

Mailing Address 125 S 18Th St

City Philadelphia State PA Zip Code 19103-5240

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 75.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2456.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Philadelphia	State PA	Zip Code 19103-5240
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 10.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Philadelphia	State PA	Zip Code 19103-5240
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 65.84
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Manhattan Bagels		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 125 S 18Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Philadelphia	State PA	Zip Code 19103-5240
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 75.84
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	151.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Marathon Grill

Full Name (Last, First, Middle Initial)

Mailing Address 121 S 16Th St

City Philadelphia State PA Zip Code 19102-2819

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 252.06

Memo Item

B. Market District

Full Name (Last, First, Middle Initial)

Mailing Address 5550 Centre Ave

City Pittsburgh State PA Zip Code 15232-1206

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 150.95

Memo Item

C. Martin, Sandra, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2300 Ashland Ave

City Toledo State OH Zip Code 43620-1207

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 703.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Matthews, Cedric, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 5045 Sountel Dr. Ste 13		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT	
City Jacksonville	State FL	Zip Code 32206	Amount of Each Disbursement this Period [REDACTED] 500.00
Purpose of Disbursement Event Entertainment		Category/Type 007	Memo Item <input type="checkbox"/>
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. Mercury Public Affairs		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 437 Madison Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS1	
City New York	State NY	Zip Code 10022-7001	Amount of Each Disbursement this Period [REDACTED] 18500.00
Purpose of Disbursement Communications Consulting Services		Category/Type 001	Memo Item <input type="checkbox"/>
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) C. Mercury Public Affairs		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 437 Madison Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS	
City New York	State NY	Zip Code 10022-7001	Amount of Each Disbursement this Period [REDACTED] 8077.12
Purpose of Disbursement Communications Consulting Services		Category/Type 001	Memo Item <input type="checkbox"/>
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: _____		

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

27077.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Meyer, Brooks, Demma And Blohm, PA		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address PO Box 1547		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 660.00
City Tallahassee	State FL	Zip Code 32302-1547
Purpose of Disbursement Legal Services		Category/ Type 001
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. Mission Control		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 624 Hebron Ave Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY! Amount of Each Disbursement this Period 317195.21
City Glastonbury	State CT	Zip Code 06033-5006
Purpose of Disbursement Printing - Canvassing Literature, No Express Advocacy		Category/ Type 004
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) C. Mod Wine Lounge		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1828 E Sunrise Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1166.00
City Fort Lauderdale	State FL	Zip Code 33304-3040
Purpose of Disbursement Catering for Event		Category/ Type 007
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:		

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

319021.21

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Mosaic Express

Mailing Address 1920 L St NW
Frnt 3

City Washington State DC Zip Code 20036-5000

Purpose of Disbursement
Printing - Business Cards

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period

225.93

Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy AME Church

Mailing Address 701 Yarnall St

City Chester State PA Zip Code 19013-2732

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKHI

Amount of Each Disbursement this Period

700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nando's

Mailing Address 300 Tingey St SE
Ste 150

City Washington State DC Zip Code 20003-4626

Purpose of Disbursement
Catering for Event

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period

107.03

Memo Item

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

1032.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Nando's

Mailing Address 300 Tingey St SE
Ste 150

City
Washington

State
DC

Zip Code
20003-4626

Purpose of Disbursement
Catering for Event

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKT1
Amount of Each Disbursement this Period
[REDACTED] 776.51

Memo Item

Full Name (Last, First, Middle Initial)

B. National Campaign Resource Group

Mailing Address 11380 Prosperity Farms Rd
Ste 221E

City
Palm Beach Gardens

State
FL

Zip Code
33410-3465

Purpose of Disbursement
Direct Mail Services - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKS1
Amount of Each Disbursement this Period
[REDACTED] 16256.60

Memo Item

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 I St NW
Ste 200

City
Washington

State
DC

Zip Code
20005-5994

Purpose of Disbursement
Communications Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VN1
Amount of Each Disbursement this Period
[REDACTED] 16679.41

Memo Item

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

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

33712.52

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. New Partners Consulting, Inc.

Mailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5994

Purpose of Disbursement Digital Advertising - No Express Advocacy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. New Partners Consulting, Inc.

Mailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5994

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN02

Amount of Each Disbursement this Period: 12313.11

Memo Item

Full Name (Last, First, Middle Initial)
C. New Partners Consulting, Inc.

Mailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5994

Purpose of Disbursement Communications Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN0

Amount of Each Disbursement this Period: 2557.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19870.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. New Partners Teleservices		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address PO Box 5021		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Saint Cloud	State MN	Zip Code 56302-5021
Purpose of Disbursement Polling	Candidate Name	Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 12816.24
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. New Partners Teleservices		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO Box 5021		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Saint Cloud	State MN	Zip Code 56302-5021
Purpose of Disbursement Polling	Candidate Name	Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 172708.50
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) C. Next Level Digital, LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1004 9Th St NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Washington	State DC	Zip Code 20002-3716
Purpose of Disbursement Digital Consulting Services	Candidate Name	Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 8000.00
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	

SUBTOTAL of Disbursements This Page (optional).....▶	193524.74
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15Th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 1200.00

Memo Item

B. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15Th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15Th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software and Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 4145.33

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8345.33

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. NV Energy

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 98910

City Las Vegas State NV Zip Code 89193-8910

Purpose of Disbursement Utilities

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 532.10

Memo Item

B. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 52.95

Memo Item

C. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 78.96

Memo Item

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

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

664.01

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 127.60

Memo Item

B. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 104.79

Memo Item

C. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 N Military Trl

City Boca Raton State FL Zip Code 33496-2434

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 280.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 513.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. OfficeMax		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period 23.73	
City Boca Raton	State FL	Zip Code 33496-2434	Category/ Type 001
Purpose of Disbursement Office Supplies		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Ohio Bureau Of Workers' Comp		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 30 W Spring St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH Amount of Each Disbursement this Period 120.00	
City Columbus	State OH	Zip Code 43215-2216	Category/ Type 001
Purpose of Disbursement Taxes		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Ohio Secretary Of State		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 180 E Broad St FI 16		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period 99.00	
City Columbus	State OH	Zip Code 43215-3726	Category/ Type 001
Purpose of Disbursement Taxes		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:	<input type="checkbox"/> Memo Item		

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

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

242.73
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Ohio Secretary Of State

Full Name (Last, First, Middle Initial)

Mailing Address 180 E Broad St
FI 16

City Columbus State OH Zip Code 43215-3726

Purpose of Disbursement Taxes
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 299.00

Memo Item

B. Ohio Strategic Partners

Full Name (Last, First, Middle Initial)

Mailing Address 34 N Remington Rd

City Bexley State OH Zip Code 43209-1441

Purpose of Disbursement Communications Consulting Services
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKSJ

Amount of Each Disbursement this Period: 12500.00

Memo Item

C. Oley's Kitchen & BBQ

Full Name (Last, First, Middle Initial)

Mailing Address 2700 S Rio Grande Ave

City Orlando State FL Zip Code 32805-6143

Purpose of Disbursement Catering for Event
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 007

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKT

Amount of Each Disbursement this Period: 1100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13899.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Amount of Each Disbursement this Period 50000.00
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:	Category/Type 004	

Full Name (Last, First, Middle Initial) B. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Amount of Each Disbursement this Period 16000.00
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:	Category/Type 004	

Full Name (Last, First, Middle Initial) C. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Amount of Each Disbursement this Period 8999.92
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:	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional).....▶	74999.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. Onyx Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2046 Westchester Dr

City Silver Spring State MD Zip Code 20902-3557

Purpose of Disbursement Voter Outreach Calls - No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN01

Amount of Each Disbursement this Period: 53000.00

Memo Item

B. Oshkosh Martial Education Center

Full Name (Last, First, Middle Initial)

Mailing Address 208 State St

City Oshkosh State WI Zip Code 54901-4800

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ3

Amount of Each Disbursement this Period: 330.00

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 210.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53540.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 296.51
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 122.92
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 132.45
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	

SUBTOTAL of Disbursements This Page (optional)..... ▶

551.88

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 144.60	
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 144.60	
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 145.27	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	434.47
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 145.27
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 145.27
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 145.27
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	

SUBTOTAL of Disbursements This Page (optional).....▶	435.81
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 164.90	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 494.70
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 164.90	
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	525.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 190.15	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	550.45
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 200.15	
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.93	
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) C. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.93	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	652.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 257.25
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
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. Panera		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 259.47
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 125.04
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> 001 Category/ Type
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 641.76
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 144.60	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 145.27	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 157.39	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	447.26
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 164.90
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 164.90
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 180.15
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	

SUBTOTAL of Disbursements This Page (optional).....▶	509.95
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 180.15	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.93	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	586.23
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 261.57
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ4 Amount of Each Disbursement this Period [REDACTED] 17.97
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 20.96
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 300.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED]
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Transaction ID : VSG8M9VKJ; Amount of Each Disbursement this Period 22.60	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	67.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period 23.26
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ/ Amount of Each Disbursement this Period 23.26
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	69.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJC
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.26	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	69.78
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period

24.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period

24.76

Memo Item

Full Name (Last, First, Middle Initial)

C. Panera

Mailing Address 1707 NW Saint Lucie West Blvd

City
Port Saint Lucie

State
FL

Zip Code
34986-2517

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period

24.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

74.28

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 24.76	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 28.26	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 43.43	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	96.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 43.43	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 58.19	
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 64.59	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	166.21
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 17.97
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 22.60
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 63.17
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

B. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 23.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 69.78

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 24.76
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 24.76
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ! Amount of Each Disbursement this Period [REDACTED] 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 78.63
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 29.11	
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		Category/Type 001	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 34.06	
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		Category/Type 001	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 34.22	
City Port Saint Lucie	State FL	Zip Code 34986-2517	
Purpose of Disbursement Food/Beverage		Category/Type 001	
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:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 97.39

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 106.26
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 40.34
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 58.19
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/ Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 134.55
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 60.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 60.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKKI Amount of Each Disbursement this Period [REDACTED] 60.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 181.24

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 67.80
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 67.94
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 203.86

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 74.48
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period [REDACTED] 29.11
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 171.71
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 29.11

Memo Item

B. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKK

Amount of Each Disbursement this Period: 34.06

Memo Item

C. Panera

Full Name (Last, First, Middle Initial)

Mailing Address 1707 NW Saint Lucie West Blvd

City Port Saint Lucie State FL Zip Code 34986-2517

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKK

Amount of Each Disbursement this Period: 34.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 97.39

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 34.22
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK! Amount of Each Disbursement this Period [REDACTED] 36.02
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 106.26
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 36.02	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 38.97	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 59.94	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	134.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 68.12
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 92.51
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 94.47
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 255.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 135.22	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 150.44	
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 151.03	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 436.69
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 151.63
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 176.99
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 183.23
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 511.85
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 183.23
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 196.45
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	

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 196.45
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 576.13
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 295.88
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 425.89
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) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 453.89
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1175.66
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 590.43	
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. Panera		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Port Saint Lucie	State FL	Zip Code 34986-2517
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 753.12	
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) C. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN
City Louisville	State KY	Zip Code 40299-3393
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 54.94	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	1398.49
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 71.91

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 76.64

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 77.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 225.90

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Papa John's

Mailing Address 2002 Papa Johns Blvd

City
Louisville

State
KY

Zip Code
40299-3393

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period

79.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Papa John's

Mailing Address 2002 Papa Johns Blvd

City
Louisville

State
KY

Zip Code
40299-3393

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period

79.78

Memo Item

Full Name (Last, First, Middle Initial)

C. Papa John's

Mailing Address 2002 Papa Johns Blvd

City
Louisville

State
KY

Zip Code
40299-3393

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period

80.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

239.21

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 80.40

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 80.91

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 111.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 272.89

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 92.88

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 92.88

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 94.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 279.77

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 95.72

Memo Item

B. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 97.04

Memo Item

C. Papa John's

Full Name (Last, First, Middle Initial)

Mailing Address 2002 Papa Johns Blvd

City Louisville State KY Zip Code 40299-3393

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 102.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 295.62

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Papa John's			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2002 Papa Johns Blvd				
City Louisville	State KY	Zip Code 40299-3393	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Food/Beverage			Transaction ID : VSG8M9VKN	
Candidate Name			Amount of Each Disbursement this Period 104.86	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) B. Papa John's			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2002 Papa Johns Blvd				
City Louisville	State KY	Zip Code 40299-3393	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Food/Beverage			Transaction ID : VSG8M9VKP1	
Candidate Name			Amount of Each Disbursement this Period 144.83	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) C. ParkPress			Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 15 Main St				
City Saugus	State MA	Zip Code 01906-2347	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Printing - GOTV Canvassing Literature, No Express Advocacy			Transaction ID : VSG8M9VKS	
Candidate Name			Amount of Each Disbursement this Period 59313.91	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	59563.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. ParkPress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 15 Main St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN01 Amount of Each Disbursement this Period 22022.08
City Saugus	State MA	Zip Code 01906-2347
Purpose of Disbursement Postage and Delivery		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Parra, Jose, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 888 16Th St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period 992.88
City Washington	State DC	Zip Code 20006-4103
Purpose of Disbursement Reimbursement - Travel, Lodging, Food/Beverage		002 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Dollar Rent-A-Car		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 7135 Gilespie St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period 249.60
City Las Vegas	State NV	Zip Code 89119-4267
Purpose of Disbursement Travel		002 Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

23014.96

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. JetBlue		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 175.10
City Long Island City	State NY	Zip Code 11101-4020
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Parra, Jose, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 888 16Th St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 464.20
City Washington	State DC	Zip Code 20006-4103
Purpose of Disbursement Reimbursement - Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 464.20
City Dallas	State TX	Zip Code 75261-9616
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 464.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Pearson, Glenn, , ,

Mailing Address 1392 Haines Ave

City
Columbus

State
OH

Zip Code
43212-3419

Purpose of Disbursement
Reimbursement - Travel, Mileage

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 867.96

Memo Item

Full Name (Last, First, Middle Initial)

B. Perez, Caesar, , ,

Mailing Address 6275 Boulder Hwy
14

City
Las Vegas

State
NV

Zip Code
89122-7462

Purpose of Disbursement
Event Equipment Rental

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VK8Z
Amount of Each Disbursement this Period

[REDACTED] 260.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PF Data

Mailing Address PO Box 237

City
Mc Farland

State
WI

Zip Code
53558-0237

Purpose of Disbursement
Training Materials

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VN1
Amount of Each Disbursement this Period

[REDACTED] 948.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 2076.33

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Pizzeria Nonna		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 5301 Germantown Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP: Amount of Each Disbursement this Period [REDACTED] 409.44
City Philadelphia	State PA	Zip Code 19144-2303
Purpose of Disbursement Food/Beverage	Category/Type 001	
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. Project New America		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 191 University Blvd Ste 831		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP: Amount of Each Disbursement this Period [REDACTED] 13269.00
City Denver	State CO	Zip Code 80206-4613
Purpose of Disbursement Research Services	Category/Type 001	
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) C. Pugh, Courtni, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 4442 Lomina Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period [REDACTED] 773.97
City Lakewood	State CA	Zip Code 90713-2543
Purpose of Disbursement Reimbursement - Travel	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 14452.41
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 200 W Beltline Hwy

City Madison State WI Zip Code 53713-2685

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 248.80

Memo Item

B. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101-4020

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 241.20

Memo Item

C. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 183.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Radisson Hotel Madison			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 517 Grand Canyon Dr					
City Madison		State WI	Zip Code 53719-1032		
Purpose of Disbursement Lodging				Category/ Type 002	
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
93.89

Full Name (Last, First, Middle Initial) B. Radisson Hotel Madison			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 517 Grand Canyon Dr					
City Madison		State WI	Zip Code 53719-1032		
Purpose of Disbursement Lodging				Category/ Type 002	
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
93.89

Full Name (Last, First, Middle Initial) C. Radisson Hotel Madison			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 517 Grand Canyon Dr					
City Madison		State WI	Zip Code 53719-1032		
Purpose of Disbursement Lodging				Category/ Type 002	
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C [REDACTED]
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period
93.89

SUBTOTAL of Disbursements This Page (optional).....▶	281.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Radisson Hotel Madison		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 517 Grand Canyon Dr			
City Madison	State WI	Zip Code 53719-1032	
Purpose of Disbursement Lodging		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
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:	Category/Type 002		

Full Name (Last, First, Middle Initial) B. Radisson Hotel Madison		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 517 Grand Canyon Dr			
City Madison	State WI	Zip Code 53719-1032	
Purpose of Disbursement Lodging		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
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:	Category/Type 002		

Full Name (Last, First, Middle Initial) C. Radisson Hotel Madison		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 517 Grand Canyon Dr			
City Madison	State WI	Zip Code 53719-1032	
Purpose of Disbursement Lodging		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
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:	Category/Type 002		

SUBTOTAL of Disbursements This Page (optional).....▶	281.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

B. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

C. Radisson Hotel Madison

Full Name (Last, First, Middle Initial)

Mailing Address 517 Grand Canyon Dr

City Madison State WI Zip Code 53719-1032

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 375.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1126.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. ReadyRefresh By Nestle			Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 900 Long Ridge Rd Bldg 2			FEC Identification Number C [REDACTED]	
City Stamford	State CT	Zip Code 06902-1140	Transaction ID : VSG8M9VKP	
Purpose of Disbursement Water for Office		Category/ Type 001	Amount of Each Disbursement this Period 36.87	
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. ReadyRefresh By Nestle			Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 900 Long Ridge Rd Bldg 2			FEC Identification Number C [REDACTED]	
City Stamford	State CT	Zip Code 06902-1140	Transaction ID : VSG8M9VKP	
Purpose of Disbursement Water for Office		Category/ Type 001	Amount of Each Disbursement this Period 107.31	
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) C. Ricci, Tiffany, , ,			Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 1514 Hamilton St NW NW			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20011-3858	Transaction ID : VSG8M9VNB	
Purpose of Disbursement Reimbursement - Travel		Category/ Type 002	Amount of Each Disbursement this Period 371.87	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	516.05
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1455 Market St Ste 400		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 51.74
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Ridgewell's Catering		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 5525 Dorsey Ln		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1601.30
City Bethesda	State MD	Zip Code 20816-1501
Purpose of Disbursement Catering for Event	Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Roberts, Justin, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1317 Rowe Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 500.00
City Jacksonville	State FL	Zip Code 32208-3201
Purpose of Disbursement Musical Entertainment for Event	Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	2101.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Roberts, Leander, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1700 NW 66Th Ave Ste 113		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX	
City Plantation	State FL	Zip Code 33313-4582	Amount of Each Disbursement this Period [REDACTED] 300.00
Purpose of Disbursement Event Entertainment		Category/ Type 007	Memo Item <input type="checkbox"/>
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. Rorapough Teicher LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1017 Buchanan St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP	
City Hollywood	State FL	Zip Code 33019-1106	Amount of Each Disbursement this Period [REDACTED] 4000.00
Purpose of Disbursement Strategic Planning Consulting Services		Category/ Type 001	Memo Item <input type="checkbox"/>
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) C. Royal Performance Group		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2100 Western Ct Ste 80		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY	
City Lisle	State IL	Zip Code 60532-1971	Amount of Each Disbursement this Period [REDACTED] 7154.50
Purpose of Disbursement Prepaid Gas Cards		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 11454.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Royal Performance Group		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 2100 Western Ct Ste 80		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 8059.50
City Lisle	State IL	Zip Code 60532-1971
Purpose of Disbursement Prepaid Gas Cards		Category/Type 002
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. Safeway		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 1855 Wisconsin Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 519.20
City Washington	State DC	Zip Code 20007-2382
Purpose of Disbursement Event Supplies		Category/Type 007
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) C. Sahl Communications, Inc.		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1 W Broad St Ste 904		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 750.00
City Bethlehem	State PA	Zip Code 18018-5717
Purpose of Disbursement Rent		Category/Type 001
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	9328.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Sam's Club Stores		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 2101 SE Simple Savings Dr		FEC Identification Number C [REDACTED]
City Bentonville	State AR	Zip Code 72712-4304
Purpose of Disbursement Event Supplies	Category/Type 007	
Candidate Name	Transaction ID : VSG8M9VKT. Amount of Each Disbursement this Period 2670.72	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Sheraton City Center		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1201 Race St		FEC Identification Number C [REDACTED]
City Philadelphia	State PA	Zip Code 19107-1617
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKY. Amount of Each Disbursement this Period 1976.40	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Sheraton City Center		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1201 Race St		FEC Identification Number C [REDACTED]
City Philadelphia	State PA	Zip Code 19107-1617
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKY. Amount of Each Disbursement this Period 1026.81	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

5673.93

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1500.00
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. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1500.00
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) C. Simpson, Dexter, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 9609 W Allyn St Apt 8		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT
City Milwaukee	State WI	Zip Code 53224-1675
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1700.00
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	

SUBTOTAL of Disbursements This Page (optional).....▶	4700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Singh, Bachan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4455 Acre View Ct

City Brookfield State WI Zip Code 53005-1211

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: 4000.00

Memo Item

B. Smoot Tewes Group

Full Name (Last, First, Middle Initial)

Mailing Address 818 Connecticut Ave NW Ste 200

City Washington State DC Zip Code 20006-2742

Purpose of Disbursement PAC Management Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKPI

Amount of Each Disbursement this Period: 25016.92

Memo Item

C. Sonesta Hotels

Full Name (Last, First, Middle Initial)

Mailing Address 1800 Market St

City Philadelphia State PA Zip Code 19103-3725

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 2158.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 31175.57

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI Amount of Each Disbursement this Period [REDACTED] 709.96
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/ Type 002
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. Southwest Airlines		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY' Amount of Each Disbursement this Period [REDACTED] 463.96
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/ Type 002
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) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period [REDACTED] 473.96
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/ Type 002
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: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1647.88
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Southwest Airlines			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address P.O. Box 36647-1CR			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75235	Transaction ID : VSG8M9VKZ'	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 1591.84	
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. SPC Group, LLC			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 499 State Rd. 434			FEC Identification Number C [REDACTED]	
City Altamonte Springs	State FL	Zip Code 32714	Transaction ID : VSG8M9VKPI	
Purpose of Disbursement Office Cleaning Services		Category/ Type 001	Amount of Each Disbursement this Period 125.00	
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) C. SPC Group, LLC			Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 499 State Rd. 434			FEC Identification Number C [REDACTED]	
City Altamonte Springs	State FL	Zip Code 32714	Transaction ID : VSG8M9VKPI	
Purpose of Disbursement Office Cleaning Services		Category/ Type 001	Amount of Each Disbursement this Period 123.00	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	1839.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

For Our Future

Full Name (Last, First, Middle Initial)

A. SPC Group, LLC

Mailing Address 499 State Rd. 434

City
Altamonte Springs

State
FL

Zip Code
32714

Purpose of Disbursement
Office Cleaning Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period
[REDACTED] 128.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Spectrum Business

Mailing Address PO Box 3019

City
Milwaukee

State
WI

Zip Code
53201-3019

Purpose of Disbursement
Telecommunications Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period
[REDACTED] 119.64

Memo Item

Full Name (Last, First, Middle Initial)

C. Spectrum Business

Mailing Address PO Box 3019

City
Milwaukee

State
WI

Zip Code
53201-3019

Purpose of Disbursement
Telecommunications Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKP
Amount of Each Disbursement this Period
[REDACTED] 68.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

316.19

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Sturgis, Giovanni, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3595 W 128Th St

City Cleveland State OH Zip Code 44111-4506

Purpose of Disbursement Event Planning Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMV

Amount of Each Disbursement this Period: 300.00

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKPI

Amount of Each Disbursement this Period: 88.40

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKPI

Amount of Each Disbursement this Period: 88.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 477.22

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP! Amount of Each Disbursement this Period [REDACTED] 89.24
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP! Amount of Each Disbursement this Period [REDACTED] 89.24
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period [REDACTED] 96.88
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 275.36
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 96.88

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 97.80

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 98.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 293.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period [REDACTED] 107.57
City Miami	State FL	
Zip Code 33161-7455	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQI Amount of Each Disbursement this Period [REDACTED] 124.44
City Miami	State FL	
Zip Code 33161-7455	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 144.16
City Miami	State FL	
Zip Code 33161-7455	Purpose of Disbursement Food/Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 376.17
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period 56.18
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/Type
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period 99.94
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/Type
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) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period 101.34
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/Type
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: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

257.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 101.81	
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 103.47	
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) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 114.92	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 320.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 115.01
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 115.01
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 116.10
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 346.12
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type 001
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) ▼	Amount of Each Disbursement this Period [REDACTED] 137.71
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ'
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type 001
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) ▼	Amount of Each Disbursement this Period [REDACTED] 161.77
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type 001
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) ▼	Amount of Each Disbursement this Period [REDACTED] 56.39
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 355.87
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 90.74	
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. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 92.12	
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) C. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 92.56	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	275.42
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

[Redacted] 92.56

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKQ!

Amount of Each Disbursement this Period

[Redacted] 103.46

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

[Redacted] 104.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 300.43

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

[REDACTED] 105.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

[REDACTED] 105.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Subway

Mailing Address 10701 Biscayne Blvd

City
Miami

State
FL

Zip Code
33161-7455

Purpose of Disbursement
Food/Beverage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period

[REDACTED] 140.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 350.85

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 140.71

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKPI

Amount of Each Disbursement this Period: 54.06

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 90.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 285.51

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Subway		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP' Amount of Each Disbursement this Period 91.16
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP' Amount of Each Disbursement this Period 91.59
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Subway		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP' Amount of Each Disbursement this Period 91.59
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	274.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 103.46

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 104.43

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 143.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 351.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 228.98

Memo Item

B. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 310.58

Memo Item

C. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 312.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 851.61

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Subway

Full Name (Last, First, Middle Initial)

Mailing Address 10701 Biscayne Blvd

City Miami State FL Zip Code 33161-7455

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 414.95

Memo Item

B. SVM, LP

Full Name (Last, First, Middle Initial)

Mailing Address 3727 N Ventura Dr

City Arlington Heights State IL Zip Code 60004-7952

Purpose of Disbursement Prepaid Gas Cards

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 1888.48

Memo Item

C. SVM, LP

Full Name (Last, First, Middle Initial)

Mailing Address 3727 N Ventura Dr

City Arlington Heights State IL Zip Code 60004-7952

Purpose of Disbursement Prepaid Gas Cards

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 7976.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10279.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 5176.42	
City Arlington Heights	State IL	Zip Code 60004-7952	Category/ Type 002
Purpose of Disbursement Prepaid Gas Cards		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 1876.00	
City Arlington Heights	State IL	Zip Code 60004-7952	Category/ Type 002
Purpose of Disbursement Prepaid Gas Cards		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. SVM, LP		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 3727 N Ventura Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 12828.38	
City Arlington Heights	State IL	Zip Code 60004-7952	Category/ Type 002
Purpose of Disbursement Prepaid Gas Cards		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	19880.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Swindell, Russ, , ,

Mailing Address 1160 Harp St

City
Raleigh

State
NC

Zip Code
27604-1304

Purpose of Disbursement
Data Research Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VN11
Amount of Each Disbursement this Period
[REDACTED] 24000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Swindell, Russ, , ,

Mailing Address 1160 Harp St

City
Raleigh

State
NC

Zip Code
27604-1304

Purpose of Disbursement
Data Research Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VN1J
Amount of Each Disbursement this Period
[REDACTED] 1363.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address PO Box 9350

City
Minneapolis

State
MN

Zip Code
55440-9350

Purpose of Disbursement
Office Equipment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
[REDACTED] 55.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	25418.51
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address PO Box 9350

City
Minneapolis

State
MN

Zip Code
55440-9350

Purpose of Disbursement
Office Equipment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

216.24

Memo Item

Full Name (Last, First, Middle Initial)

B. Target

Mailing Address PO Box 9350

City
Minneapolis

State
MN

Zip Code
55440-9350

Purpose of Disbursement
Office Equipment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

118.90

Memo Item

Full Name (Last, First, Middle Initial)

C. TDS

Mailing Address PO Box 94510

City
Palatine

State
IL

Zip Code
60094-4510

Purpose of Disbursement
Telecommunications Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

277.14

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

612.28

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Teitelman, Amy, , ,		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 3998 Drakewood Dr.		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45209	Transaction ID : VSG8M9VMH
Purpose of Disbursement Reimbursement - Mileage, Parking, Event Supplies, Office Supplies		Category/Type 001	Amount of Each Disbursement this Period 2048.61
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. Dave's Supermarket		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 3301 Payne Ave		FEC Identification Number C [REDACTED]	
City Cleveland	State OH	Zip Code 44114-4313	Transaction ID : VSG8M9VMH
Purpose of Disbursement Event Supplies		Category/Type	Amount of Each Disbursement this Period 130.00
Candidate Name		Memo Item <input checked="" 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) C. Tejwani, Sujata, , ,		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 305 W 98Th St Apt 3BS		FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10025-0063	Transaction ID : VSG8M9VN1
Purpose of Disbursement Campaign Strategy Consulting Services		Category/Type 001	Amount of Each Disbursement this Period 6324.86
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	8373.47
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. The 13Th Street Partners LLP		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 2622 NW 43Rd St Ste. C-1		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 2226.00
City Gainesville State FL Zip Code 32606-6670	Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNBI Amount of Each Disbursement this Period 798.35
City Grasonville State MD Zip Code 21638-0187	Purpose of Disbursement Robocalls - No Express Advocacy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

Full Name (Last, First, Middle Initial) C. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN9 Amount of Each Disbursement this Period 2600.55
City Grasonville State MD Zip Code 21638-0187	Purpose of Disbursement Robocalls - No Express Advocacy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional).....▶	5624.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
[REDACTED] 3496.61

Memo Item

Full Name (Last, First, Middle Initial)

B. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
[REDACTED] 1519.83

Memo Item

Full Name (Last, First, Middle Initial)

C. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VN9
Amount of Each Disbursement this Period
[REDACTED] 4448.33

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	9464.77
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C Transaction ID : VSG8M9VN9 Amount of Each Disbursement this Period 9840.22
City Grasonville	State MD	
Zip Code 21638-0187	Purpose of Disbursement Robocalls - No Express Advocacy	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 2660.94
City Grasonville	State MD	
Zip Code 21638-0187	Purpose of Disbursement Robocalls - No Express Advocacy	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
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) C. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period 2667.03
City Grasonville	State MD	
Zip Code 21638-0187	Purpose of Disbursement Robocalls - No Express Advocacy	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	15168.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. The Contact Group, Inc.

Mailing Address PO Box 187

City
Grasonville

State
MD

Zip Code
21638-0187

Purpose of Disbursement
Robocalls - No Express Advocacy

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
[REDACTED] 90929.19

Memo Item

Full Name (Last, First, Middle Initial)

B. The Ohio Education Association

Mailing Address 225 E Broad St

City
Columbus

State
OH

Zip Code
43215-3709

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKR1
Amount of Each Disbursement this Period
[REDACTED] 2051.57

Memo Item

Full Name (Last, First, Middle Initial)

C. Thompson, David, , ,

Mailing Address 700 NW 66Th Ave

City
Plantation

State
FL

Zip Code
33317-1732

Purpose of Disbursement
Catering for Event

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period
[REDACTED] 1550.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

94530.76

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period [REDACTED] 217.78
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/Type 001
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. Time Warner Cable		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period [REDACTED] 830.38
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/Type 001
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) C. Time Warner Cable		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period [REDACTED] 309.17
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Category/Type 001
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1357.33
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 60 Columbus Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR
City New York	State NY	Zip Code 10023-5802
Purpose of Disbursement Telecommunications Services		Amount of Each Disbursement this Period [REDACTED] 671.20
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. UAW Local 12		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2300 Ashland Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKRI
City Toledo	State OH	Zip Code 43620-1207
Purpose of Disbursement Rent		Amount of Each Disbursement this Period [REDACTED] 600.00
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) C. United Airlines		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel		Amount of Each Disbursement this Period [REDACTED] 598.20
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

1869.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ1 Amount of Each Disbursement this Period [REDACTED] 347.20
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ1 Amount of Each Disbursement this Period [REDACTED] 197.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ1 Amount of Each Disbursement this Period [REDACTED] 290.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 835.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 290.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 290.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ Amount of Each Disbursement this Period 290.60
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	871.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 S Wacker Dr

City
Chicago

State
IL

Zip Code
60606-7147

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2016

FEC Identification Number

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S Wacker Dr

City
Chicago

State
IL

Zip Code
60606-7147

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2016

FEC Identification Number

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S Wacker Dr

City
Chicago

State
IL

Zip Code
60606-7147

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2016

FEC Identification Number

Transaction ID : VSG8M9VKZI
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 415.60	
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. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ.
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 415.60	
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) C. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZ
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 478.60	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1309.80
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 216.60	
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. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKZI
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 552.20	
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. United Rent-All		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 4743 Blanding Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT
City Jacksonville	State FL	Zip Code 32210-7326
Purpose of Disbursement Event Equipment Rental	Category/Type 007	
Candidate Name	Amount of Each Disbursement this Period 429.26	
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	

SUBTOTAL of Disbursements This Page (optional)..... ▶

1198.06

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. Upland IX, LLC (D/B/A Mobile Commons)

Mailing Address PO Box 205921

City
Dallas

State
TX

Zip Code
75320-5921

Purpose of Disbursement
Mobile Engagement Services

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKS.
Amount of Each Disbursement this Period
[REDACTED] 528.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Upland IX, LLC (D/B/A Mobile Commons)

Mailing Address PO Box 205921

City
Dallas

State
TX

Zip Code
75320-5921

Purpose of Disbursement
Mobile Engagement Services

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
[REDACTED] 2908.12

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
[REDACTED] 42.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED]	3479.17
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 42.30

Memo Item

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 47.00

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 81.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 170.95

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 84.60

Memo Item

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 84.60

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 178.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 347.80

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

[REDACTED] 29.40

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

[REDACTED] 2551.75

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 1050 Connecticut Ave NW

City
Washington

State
DC

Zip Code
20036-5303

Purpose of Disbursement
Postage

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2016

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period

[REDACTED] 35.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2616.35
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Utrecht, Kleinfeld, Fiori, Partners		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 1900 M St NW NW Ste. 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 10020.90
City Washington	State DC	Zip Code 20036-3508
Purpose of Disbursement Legal Services	Category/Type 001	
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. Verizon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 15124		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 262.38
City Albany	State NY	Zip Code 12212-5124
Purpose of Disbursement Telecommunications Services	Category/Type 001	
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) C. Verizon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address PO Box 15124		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 100.00
City Albany	State NY	Zip Code 12212-5124
Purpose of Disbursement Telecommunications Services	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	10383.28
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telecommunications Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Verizon

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement Telecommunications Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKR

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Walker, Avree, , ,

Mailing Address 3414 E Rochelle Ave

City Las Vegas State NV Zip Code 89121-5141

Purpose of Disbursement Voided Check from 10/18/2016

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: -500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Walker, Avree, , ,

Mailing Address 3414 E Rochelle Ave

City Las Vegas State NV Zip Code 89121-5141

Purpose of Disbursement Event Entertainment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Webb, Antonia, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 64 E Kelso Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 90.47	
City Columbus	State OH	Zip Code 43202-2312	Category/ Type 001
Purpose of Disbursement Reimbursement - Food/Beverage		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. The Roosevelt Coffeehouse		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 54.00	
City	State	Zip Code	Category/ Type
Purpose of Disbursement Food/Beverage		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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Webb, Antonia, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 64 E Kelso Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period 3369.30	
City Columbus	State OH	Zip Code 43202-2312	Category/ Type 001
Purpose of Disbursement Reimbursement - Food/Beverage		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶

3459.77

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Buca Di Beppo		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1825 Connecticut Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ
City Washington	State DC	Zip Code 20009-5708
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period [REDACTED] 399.85
Candidate Name		Category/ Type
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

Full Name (Last, First, Middle Initial) B. Domino's		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period [REDACTED] 322.59
Candidate Name		Category/ Type
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

Full Name (Last, First, Middle Initial) C. Panera		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 11490 Euclid		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ
City Cleveland	State OH	Zip Code 44106-3934
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period [REDACTED] 938.89
Candidate Name		Category/ Type
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

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Pizza Hut		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement Food/Beverage		Transaction ID : VSG8M9VMJ
Candidate Name		Amount of Each Disbursement this Period 378.17
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 checked="" type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. Subway		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 2242 Euclid Ave		FEC Identification Number C
City Cleveland	State OH	Zip Code 44115-2405
Purpose of Disbursement Food/Beverage		Transaction ID : VSG8M9VMJ
Candidate Name		Amount of Each Disbursement this Period 1044.00
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) ▼	* <input checked="" type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Webb, Antonia, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 64 E Kelso Rd		FEC Identification Number C
City Columbus	State OH	Zip Code 43202-2312
Purpose of Disbursement Reimbursement - Food/Beverage		Transaction ID : VSG8M9VMJ
Candidate Name		Amount of Each Disbursement this Period 4047.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4047.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Bakersfield		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 731 N High St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 289.00
City Columbus	State OH	Zip Code 43215-1425
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Barley's Brewing Company		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 467 North High St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 2023.08
City Cleveland	State OH	Zip Code 44115-1101
Purpose of Disbursement Food/Beverage for Event		007 Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Bravo Cucina Italiana		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1803 Olentangy River Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 312.00
City Columbus	State OH	Zip Code 43212-1496
Purpose of Disbursement Food/Beverage		001 Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)
A. Hot Chicken Takeover, LLC

Mailing Address 59 Spruce St
FI 2

City Columbus State OH Zip Code 43215-1622

Purpose of Disbursement Food/Beverage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VMJ**
Amount of Each Disbursement this Period: 215.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lavash

Mailing Address 2985 N High St

City Columbus State OH Zip Code 43202-1103

Purpose of Disbursement Food/Beverage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VMJ**
Amount of Each Disbursement this Period: 380.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ray Rays Hog Pit

Mailing Address 2619 N High St

City Columbus State OH Zip Code 43202-2554

Purpose of Disbursement Food/Beverage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: **C**
Transaction ID : **VSG8M9VMJ**
Amount of Each Disbursement this Period: 222.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Zoup

Mailing Address 41 S High St
Ste 150

City Columbus State OH Zip Code 43215-6115

Purpose of Disbursement
Food/Beverage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMJ
Amount of Each Disbursement this Period
 251.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Whitcomb, Jennifer, , ,

Mailing Address 1232 Alachua Ave
Apt A

City Tallahassee State FL Zip Code 32308-6950

Purpose of Disbursement
Reimbursement - Travel

002
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VMW
Amount of Each Disbursement this Period
 645.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Willo Security, Inc.

Mailing Address 38230 Glenn Ave

City Willoughby State OH Zip Code 44094-7808

Purpose of Disbursement
Security Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
 2415.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3060.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Win On The Ground Consulting, LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 3116 Coral Ridge Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 5500.00
City Coral Springs	State FL	Zip Code 33065-3311
Purpose of Disbursement Field Consulting Services		Category/Type 001
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. Win On The Ground Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 3116 Coral Ridge Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 7691.32
City Coral Springs	State FL	Zip Code 33065-3311
Purpose of Disbursement Field Consulting Services		Category/Type 001
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) C. Zepecki Communications, LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1141 N Old World 3Rd St Apt 1810		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 4000.00
City Milwaukee	State WI	Zip Code 53203-1136
Purpose of Disbursement Communications Consulting Services		Category/Type 001
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	17191.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Zepecki Communications, LLC		Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 02 / 2016	
Mailing Address 1141 N Old World 3Rd St Apt 1810			
City Milwaukee	State WI	Zip Code 53203-1136	
Purpose of Disbursement Communications Consulting Services		Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 4000.00	
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.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	2361972.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. America Votes Action Fund		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1155 Connecticut Ave NW Ste 600		FEC Identification Number C00492520 Transaction ID : VSG8M9VMH
City Washington	State DC	Zip Code 20036-4324
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name America Votes Action Fund		Amount of Each Disbursement this Period 11500.00
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. COLOROFCHANGE PAC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1714 Franklin St # 100-136		FEC Identification Number C00428557 Transaction ID : VSG8M9VMT!
City Oakland	State CA	Zip Code 94612-3488
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name COLOROFCHANGE PAC		Amount of Each Disbursement this Period 100000.00
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) C. League Of Conservation Voters Action Fund		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1920 L St NW Ste 800		FEC Identification Number C00252940 Transaction ID : VSG8M9VMX
City Washington	State DC	Zip Code 20036-5045
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name League Of Conservation Voters Action Fund		Amount of Each Disbursement this Period 550000.00
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	

SUBTOTAL of Disbursements This Page (optional)..... ▶

661500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. League Of Conservation Voters Action Fund

Full Name (Last, First, Middle Initial)
Date of Disbursement: 11 / 04 / 2016

Mailing Address: 1920 L St NW, Ste 800
City: Washington, State: DC, Zip Code: 20036-5045

Purpose of Disbursement: Contribution
FEC Identification Number: C00252940
Transaction ID: VSG8M9VMX
Amount of Each Disbursement this Period: 100000.00

Candidate Name: League Of Conservation Voters Action Fund
Category/Type: 011

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) Memo Item

State: District:

B. MoveOn.Org Political Action

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 21 / 2016

Mailing Address: PO Box 96142
City: Washington, State: DC, Zip Code: 20090-6142

Purpose of Disbursement: Contribution
FEC Identification Number: C00341396
Transaction ID: VSG8M9VMH
Amount of Each Disbursement this Period: 125000.00

Candidate Name: MoveOn.Org Political Action
Category/Type: 011

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) Memo Item

State: District:

C. NCLR Action PAC

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 21 / 2016

Mailing Address: 1126 16Th St NW, Ste 600
City: Washington, State: DC, Zip Code: 20036-4845

Purpose of Disbursement: Contribution
FEC Identification Number: C00626390
Transaction ID: VSG8M9VMY
Amount of Each Disbursement this Period: 195626.00

Candidate Name: NCLR Action PAC
Category/Type: 011

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 420626.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. NCLR Action PAC

Mailing Address 1126 16Th St NW
Ste 600

City
Washington

State
DC

Zip Code
20036-4845

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

NCLR Action PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C C00626390

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period

109720.01

Memo Item

Full Name (Last, First, Middle Initial)

B. VoteVets

Mailing Address PO Box 75357

City
Washington

State
DC

Zip Code
20013-0357

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

VoteVets

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C C00418897

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period

61390.80

Memo Item

Full Name (Last, First, Middle Initial)

C. VoteVets

Mailing Address PO Box 75357

City
Washington

State
DC

Zip Code
20013-0357

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

VoteVets

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C C00418897

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period

7000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

178110.81

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Working America Coalition		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 24981.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Working America Coalition		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 24981.00
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Working America Coalition		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 815 16Th St NW NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNC Amount of Each Disbursement this Period 95672.26
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Contribution		011 Category/ Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

145634.26

TOTAL This Period (last page this line number only)..... ▶

1405871.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Action Network

Full Name (Last, First, Middle Initial)

Mailing Address 1900 L St NW
Ste 900

City Washington State DC Zip Code 20036-5005

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period: 275.00

Memo Item

B. Action Network

Full Name (Last, First, Middle Initial)

Mailing Address 1900 L St NW
Ste 900

City Washington State DC Zip Code 20036-5005

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Action Network

Full Name (Last, First, Middle Initial)

Mailing Address 1900 L St NW
Ste 900

City Washington State DC Zip Code 20036-5005

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 18 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VSG8M9VMH

Amount of Each Disbursement this Period: 275.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2550.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

For Our Future

Full Name (Last, First, Middle Initial)

A. America's Voice

Mailing Address 1250 I St NW
Ste 200

City
Washington

State
DC

Zip Code
20005-5994

Purpose of Disbursement
Donation

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
[REDACTED] 11000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bouchard Gold Communications

Mailing Address 1617 W 6Th St
Ste B

City
Austin

State
TX

Zip Code
78703-5080

Purpose of Disbursement
Printing - Non-Federal Canvassing Literature

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
[REDACTED] 4586.27

Memo Item

Full Name (Last, First, Middle Initial)

C. Bouchard Gold Communications

Mailing Address 1617 W 6Th St
Ste B

City
Austin

State
TX

Zip Code
78703-5080

Purpose of Disbursement
Printing - Non-Federal Canvassing Literature

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9TWH
Amount of Each Disbursement this Period
[REDACTED] 6484.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

22071.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Centaur North Strategies

Mailing Address PO Box 1474

City
Whittier

State
CA

Zip Code
90609-1474

Purpose of Disbursement
Non-Federal Direct Mail Services

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C _____
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period
_____ **2492.30** _____

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens Engagement Laboratory

Mailing Address 2150 Allston Way
Ste 360

City
Berkeley

State
CA

Zip Code
94704-1378

Purpose of Disbursement
Donation

012
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C _____
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period
_____ **14280.00** _____

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic GAIN

Mailing Address PO Box 15381

City
Washington

State
DC

Zip Code
20003-0381

Purpose of Disbursement
Donation

012
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2016			

FEC Identification Number

C _____
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period
_____ **10000.00** _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

_____	26772.30	_____
_____		_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Fieldworks LLC		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 9897		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9TNE! Amount of Each Disbursement this Period [REDACTED] 853.52
City Washington	State DC	Zip Code 20016-8897
Purpose of Disbursement Printing - Non-Federal Canvassing Literature		Category/Type 004
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. Innovation Ohio		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 35 E Gay St Ste 403		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV! Amount of Each Disbursement this Period [REDACTED] 15000.00
City Columbus	State OH	Zip Code 43215-3138
Purpose of Disbursement Donation		Category/Type 012
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) C. IR Media LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1900 L St NW NW Ste. 611		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period [REDACTED] 14000.00
City Washington	State DC	Zip Code 20036-5002
Purpose of Disbursement Non-Federal Digital Advertising		Category/Type 004
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: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 29853.52
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Mission Control		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 624 Hebron Ave Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9TFM. Amount of Each Disbursement this Period 11040.00
City Glastonbury	State CT	Zip Code 06033-5006
Purpose of Disbursement Printing - Non-Federal Canvassing Literature		Category/ Type 004
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. Missouri Jobs With Justice Voter Action		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 2725 Clifton Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMYI Amount of Each Disbursement this Period 6000.00
City Saint Louis	State MO	Zip Code 63139-2712
Purpose of Disbursement Donation		Category/ Type 012
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) C. NC Latino Power		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 4907 Garrett Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 52028.54
City Durham	State NC	Zip Code 27707-3443
Purpose of Disbursement Donation		Category/ Type 012
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	69068.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. One Wisconsin Now

Full Name (Last, First, Middle Initial)

Mailing Address 152 W Johnson St
Ste 214

City Madison State WI Zip Code 53703-2296

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMY

Amount of Each Disbursement this Period: 12500.00

Memo Item

B. Onyx Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2046 Westchester Dr

City Silver Spring State MD Zip Code 20902-3557

Purpose of Disbursement Non-Federal Voter Outreach Calls

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9TWC

Amount of Each Disbursement this Period: 12500.00

Memo Item

C. ProgressOhio.Org

Full Name (Last, First, Middle Initial)

Mailing Address 35 E Gay St
Ste 404

City Columbus State OH Zip Code 43215-3138

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1

Amount of Each Disbursement this Period: 8000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 33000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. We Are Wisconsin

Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Dr
Ste A

City Madison State WI Zip Code 53717-2900

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNB

Amount of Each Disbursement this Period: 19716.51

Memo Item

B. We Are Wisconsin

Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Dr
Ste A

City Madison State WI Zip Code 53717-2900

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNB

Amount of Each Disbursement this Period: 4785.89

Memo Item

C. Wisconsin Jobs Now, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1862 W Fond Du Lac Ave

City Milwaukee State WI Zip Code 53205-1146

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNB

Amount of Each Disbursement this Period: 27300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 51802.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
For Our Future

Full Name (Last, First, Middle Initial) A. Wisconsin Jobs Now, Inc.		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1862 W Fond Du Lac Ave		FEC Identification Number C [] Transaction ID : VSG8M9VNB
City Milwaukee	State WI	Zip Code 53205-1146
Purpose of Disbursement Donation	Category/Type 012	Amount of Each Disbursement this Period 15000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Working America		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 815 16Th St NW		FEC Identification Number C [] Transaction ID : VSG8M9VNCI
City Washington	State DC	Zip Code 20006-4101
Purpose of Disbursement Donation	Category/Type 012	Amount of Each Disbursement this Period 250000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	265000.00
TOTAL This Period (last page this line number only).....▶	500117.76

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 307 OF 456
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bouchard Gold Communications			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address 1617 W 6Th St Ste B			
City Austin	State TX	Zip Code 78703-5080	

Outstanding Balance Beginning This Period <input type="text" value="9841.73"/>	Transaction ID : VSEA49H88V4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9841.73"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fieldworks LLC			Nature of Debt (Purpose): Printing - Canvassing Literature
Mailing Address PO Box 9897			
City Washington	State DC	Zip Code 20016-8897	

Outstanding Balance Beginning This Period <input type="text" value="174.80"/>	Transaction ID : VSEA49H8GJ2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="174.80"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor For Our Future Action Fund			Nature of Debt (Purpose): Canvassing Services
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	

Outstanding Balance Beginning This Period <input type="text" value="194270.87"/>	Transaction ID : VSEA49H7E98	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="194270.87"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="194445.67"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 308 OF 456
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSG Campaigns			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 1201 W 5Th St Ste F105			
City Los Angeles	State CA	Zip Code 90017-5120	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : VSEA49H8GK0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Image Plus Graphics, Inc.			Nature of Debt (Purpose): Printing - Stickers
Mailing Address 1440 NE 131St St			
City North Miami	State FL	Zip Code 33161-4424	

Outstanding Balance Beginning This Period 3462.00	Transaction ID : VSEA49H8GM8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3462.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lee, Mark, , ,			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 8253 Rush St			
City Rosemead	State CA	Zip Code 91770-3614	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : VSEA49H8GN5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	5462.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 309 OF 456
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control			Nature of Debt (Purpose): Canvassing Literature
Mailing Address 624 Hebron Ave Ste 200			
City Glastonbury	State CT	Zip Code 06033-5006	

Outstanding Balance Beginning This Period 2760.00	Transaction ID : VSEA49H8GP3	
Amount Incurred This Period 0.00	Payment This Period 2760.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor New Partners Teleservices			Nature of Debt (Purpose): Voter Outreach Calls
Mailing Address PO Box 5021			
City Saint Cloud	State MN	Zip Code 56302-5021	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MC4	
Amount Incurred This Period 84000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex			Nature of Debt (Purpose): Canvassing Services
Mailing Address 1175 John St			
City West Henrietta	State NY	Zip Code 14586-9102	

Outstanding Balance Beginning This Period 156301.82	Transaction ID : VSEA49H8BG4	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 156301.82

1) SUBTOTALS This Period This Page (optional)..... ▶	240301.82
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 310 OF 456
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RKJ Promotions			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 5455 S Fort Apache Rd Ste 108-114			
City Las Vegas	State NV	Zip Code 89148-6408	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : VSEA49H8GQ1	
Amount Incurred This Period 1081.25	Payment This Period 3081.25	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waterfront Strategies			Nature of Debt (Purpose): Advertising and Mail Production and Design
Mailing Address 3050 K St NW NW Ste. 100			
City Washington	State DC	Zip Code 20007-5108	

Outstanding Balance Beginning This Period 76358.60	Transaction ID : VSEA49H8GR9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 76358.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	76358.60
2) TOTALS This Period (last page this line number only)..... ▶	516568.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	516568.09

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee AFSCME Council 32
Mailing Address 8033 Excelsior Dr
City Madison State WI Zip Code 53717-2900
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 897.94
Transaction ID : VSG8M9TVZX8
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee AFSCME Council 32
Mailing Address 8033 Excelsior Dr
City Madison State WI Zip Code 53717-2900
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 897.94
Transaction ID : VSG8M9TVZY6
Date of Disbursement or Obligation

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Special Account *	Date of Public Distribution/Dissemination 11 / 01 / 2016			
Mailing Address 1625 L St NW	Amount 4400.00 Transaction ID : VSG8M9TVR05 Date of Disbursement or Obligation / / 			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20036-5665</td> </tr> </table>		City Washington	State DC	Zip Code 20036-5665
City Washington		State DC	Zip Code 20036-5665	
Purpose of Expenditure In-Kind Received: Voter Outreach Calls				
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item AFSCME Special Account *	Date of Public Distribution/Dissemination 11 / 01 / 2016			
Mailing Address 1625 L St NW	Amount 2000.00 Transaction ID : VSG8M9TVR13 Date of Disbursement or Obligation / / 			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20036-5665</td> </tr> </table>		City Washington	State DC	Zip Code 20036-5665
City Washington		State DC	Zip Code 20036-5665	
Purpose of Expenditure In-Kind Received: Voter Outreach Calls				
Name of Federal Candidate: Johnson, Ronald Harold, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure In-Kind Received: Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 1600.00
Transaction ID: VSG8M9TVR21
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 12500.00
Transaction ID: VSG8M9TWHN5
Date of Disbursement or Obligation

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 239726.89

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 6250.00
Transaction ID : VSG8M9TWHP3
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016

Full Name of Payee AFSCME Special Account
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036-5665
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 6250.00
Transaction ID : VSG8M9TWHQ1
Date of Disbursement or Obligation

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Asian Journal Publications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 3700 W Desert Inn Rd Ste A	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div> Transaction ID : VSG8M9TM321 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
City State Zip Code Las Vegas NV 89102-8377	
Purpose of Expenditure Newspaper Advertisement Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MASTO, CATHERINE CORTEZ, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Asian Journal Publications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
Mailing Address 3700 W Desert Inn Rd Ste A	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> Transaction ID : VSG8M9TSQ24 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
City State Zip Code Las Vegas NV 89102-8377	
Purpose of Expenditure Newspaper Advertisement Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MASTO, CATHERINE CORTEZ, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Asian Journal Publications	Date of Public Distribution/Dissemination 11 / 03 / 2016						
Mailing Address 3700 W Desert Inn Rd Ste A	Amount 1000.00 Transaction ID : VSG8M9TWCJ9 Date of Disbursement or Obligation 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Las Vegas</td> <td>NV</td> <td>89102-8377</td> </tr> </table>		City	State	Zip Code	Las Vegas	NV	89102-8377
City		State	Zip Code				
Las Vegas	NV	89102-8377					
Purpose of Expenditure Newspaper Advertisement							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought	5485930.32 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Asian Journal Publications	Date of Public Distribution/Dissemination 11 / 03 / 2016						
Mailing Address 3700 W Desert Inn Rd Ste A	Amount 1000.00 Transaction ID : VSG8M9TWC M5 Date of Disbursement or Obligation 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Las Vegas</td> <td>NV</td> <td>89102-8377</td> </tr> </table>		City	State	Zip Code	Las Vegas	NV	89102-8377
City		State	Zip Code				
Las Vegas	NV	89102-8377					
Purpose of Expenditure Newspaper Advertisement							
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV						
Calendar Year-To-Date Per Election for Office Sought	358454.04 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2000.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016	
Mailing Address 1617 W 6Th St Ste B		Amount 5314.23	
City Austin State TX Zip Code 78703-5080	Transaction ID : VSG8M9VMP14 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Category/Type 004	
Name of Federal Candidate: NELSON, TOM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI	
Calendar Year-To-Date Per Election for Office Sought 30108.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016	
Mailing Address 1617 W 6Th St Ste B		Amount 1646.71	
City Austin State TX Zip Code 78703-5080	Transaction ID : VSG8M9VMPA6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Category/Type 004	
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI	
Calendar Year-To-Date Per Election for Office Sought 239726.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	6960.94
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	[Empty]
(a) TOTAL Independent Expenditures ▶	[Empty]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/12/2016
Amount 617.04
Transaction ID : VSG8M9VMPF5
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House Senate WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/15/2016
Amount 1646.71
Transaction ID : VSG8M9VMPH1
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2263.75
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 12/08/2016
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2016	
Mailing Address 1617 W 6Th St Ste B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">617.04</div>	
City Austin	State TX	Zip Code 78703-5080	Transaction ID : VSG8M9VMPK7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5485930.32</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016	
Mailing Address 1617 W 6Th St Ste B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18175.00</div>	
City Austin	State TX	Zip Code 78703-5080	Transaction ID : VSG8M9TWHC4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
Purpose of Expenditure Printing - Canvassing Literature		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5485930.32</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18792.04</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18175.00</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type 004	Transaction ID : VSG8M9TWHDD2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 239726.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23698.85</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type 004	Transaction ID : VSG8M9TWHE0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5485930.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;">41873.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23698.85</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type 004	Transaction ID : VSG8M9TWHF8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 239726.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Bouchard Gold Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2422.57</div>		
City Austin	State TX	Zip Code 78703-5080			
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type 004	Transaction ID : VSG8M9TWHF5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: NELSON, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 30108.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">26121.42</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 5909.27
Transaction ID : VSG8M9TMBB0
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 2462.20
Transaction ID : VSG8M9TMBC8
Date of Disbursement or Obligation

Name of Federal Candidate: HECK, JOE, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8371.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address PO Box 1474		Amount 1477.31	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail		Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address PO Box 1474		Amount 9921.60	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 358454.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	11398.91
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

 [Electronically Filed]

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6614.40</div>	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Direct Mail		Category/Type 004	
Name of Federal Candidate: HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2550.00</div>	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Printing - Canvassing Literature		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9164.40</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 2550.00
Transaction ID : VSG8M9TMD13
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Actual Cost for Direct Mail
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 40817.92
Transaction ID : VSG8M9TPGC2
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43367.92
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4984.62</div>	
City Whittier	State CA		
Purpose of Expenditure Actual Cost for Direct Mail		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40817.92</div>	
City Whittier	State CA		
Purpose of Expenditure Actual Cost for Direct Mail		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 358454.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">45802.54</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Actual Cost for Direct Mail
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 4984.62
Transaction ID: VSG8M9TPGF5
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Actual Cost for Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 10840.40
Transaction ID: VSG8M9TSPQ7
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15825.02
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 14580.24
Transaction ID : VSG8M9TV9W3
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 358454.04

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 2430.04
Transaction ID : VSG8M9TV9X1
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

(a) SUBTOTAL of Itemized Independent Expenditures 17010.28
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2430.04</div>	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>		M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	

Full Name of Payee <input type="checkbox"/> Memo Item Centaur North Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address PO Box 1474		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3878.20</div>	
City Whittier	State CA	Zip Code 90609-1474	
Purpose of Expenditure Direct Mail Services		Category/Type 004	
Name of Federal Candidate: HECK, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>		M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6308.24</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 1551.28
Transaction ID : VSG8M9TVQN8
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 2326.92
Transaction ID : VSG8M9TVQP6
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3878.20
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date 12/08/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 4750.00
Transaction ID : VSG8M9TWHH3
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Centaur North Strategies
Mailing Address PO Box 1474
City Whittier State CA Zip Code 90609-1474
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 4750.00
Transaction ID : VSG8M9TWHJ1
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 151 E Los Torritos St	Amount 8172.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Category/Type 004	Transaction ID : VSG8M9TPH41 Date of Disbursement or Obligation 10 / 21 / 2016			

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 151 E Los Torritos St	Amount 8172.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
Category/Type 004	Transaction ID : VSG8M9TPH59 Date of Disbursement or Obligation 10 / 21 / 2016			

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	16344.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 8172.00
Transaction ID : VSG8M9TPH67
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 8172.00
Transaction ID : VSG8M9TPH91
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 358454.04

(a) SUBTOTAL of Itemized Independent Expenditures 16344.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9774.00</div> Transaction ID : VSG8M9TV8K1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:33%; padding: 2px;">State TX</td> <td style="width:33%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type 004				

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9774.00</div> Transaction ID : VSG8M9TV8M9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:33%; padding: 2px;">State TX</td> <td style="width:33%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type 004				

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19548.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9774.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9774.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19548.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

 / /
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 3870.00
Transaction ID : VSG8M9VND06
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 3870.00
Transaction ID : VSG8M9VND22
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7740.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 3870.00 Transaction ID : VSG8M9VND30 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 3870.00 Transaction ID : VSG8M9VND48 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 7740.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</div> Transaction ID : VSG8M9VNDE7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8							

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</div> Transaction ID : VSG8M9VNDF4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>Weslaco</td> <td>TX</td> <td>78596-5333</td> </tr> </table>		City	State	Zip Code	Weslaco	TX	78596-5333
City		State	Zip Code				
Weslaco	TX	78596-5333					
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8							

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5544.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 2772.00
Transaction ID : VSG8M9VNDG2
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Extra Extras, Inc.
Mailing Address 151 E Los Torritos St
City Weslaco State TX Zip Code 78596-5333
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 2772.00
Transaction ID : VSG8M9VNDH0
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5544.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 12/08/2016
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 1290.00 Transaction ID : VSG8M9VNHB2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: TITUS, DINA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14002.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 1290.00 Transaction ID : VSG8M9VNHC0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	
Name of Federal Candidate: ROSEN, JACKY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12275.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2580.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 2724.00 Transaction ID : VSG8M9VNHE6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Weslaco TX 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TITUS, DINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14002.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 151 E Los Torritos St	Amount <input type="text"/> 2724.00 Transaction ID : VSG8M9VNHG2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Weslaco TX 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSEN, JACKY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12275.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5448.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , [Electronically Filed]
Signature Date / /

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on MM/DD/YYYY

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM/DD/YYYY 10/31/2016
Mailing Address 151 E Los Torritos St	Amount 3258.00
City: Weslaco State: TX Zip Code: 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Transaction ID : VSG8M9VNHM3 Date of Disbursement or Obligation MM/DD/YYYY 10/21/2016
Name of Federal Candidate: TITUS, DINA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: NV
Calendar Year-To-Date Per Election for Office Sought 14002.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Extra Extras, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM/DD/YYYY 10/31/2016
Mailing Address 151 E Los Torritos St	Amount 3258.00
City: Weslaco State: TX Zip Code: 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Transaction ID : VSG8M9VNHM1 Date of Disbursement or Obligation MM/DD/YYYY 10/21/2016
Name of Federal Candidate: ROSEN, JACKY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought 12275.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 6516.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶
(a) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , [Electronically Filed]
Signature

Date MM/DD/YYYY
12/08/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">924.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:17%; padding: 2px;">State TX</td> <td style="width:50%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8				
Name of Federal Candidate: TITUS, DINA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">14002.26</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">924.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Weslaco</td> <td style="width:17%; padding: 2px;">State TX</td> <td style="width:50%; padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596-5333
City Weslaco		State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 11/7-11/8				
Name of Federal Candidate: ROSEN, JACKY, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>03</u> State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">12275.99</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1848.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

 / /
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fedex Office
Mailing Address 1612 K St NW
City Washington State DC Zip Code 20006-2802
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 22.33
Transaction ID : VSG8M9TT3S0
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fedex Office
Mailing Address 1612 K St NW
City Washington State DC Zip Code 20006-2802
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 22.33
Transaction ID : VSG8M9TT3T8
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.66
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC Memo Item
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 106.69
Transaction ID : VSG8M9TNE38
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC Memo Item
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 9514.43
Transaction ID : VSG8M9VNHR5
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9514.43
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 7696.93
Transaction ID : VSG8M9VNHS3
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 6788.63
Transaction ID : VSG8M9VNHT1
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 14485.56
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , [Electronically Filed]
Signature Date 12/08/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 6788.63
Transaction ID : VSG8M9VNHV8
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 908.10
Transaction ID : VSG8M9VNHV6
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7696.73
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Fieldworks LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	908.10
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type <input type="text"/> 004	Transaction ID : VSG8M9VNHX4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Fieldworks LLC <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	106.69
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature Category/Type <input type="text"/> 004	Transaction ID : VSG8M9TNE46 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 908.10
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 18801.75
Transaction ID : VSG8M9TPHA9
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 14588.25
Transaction ID : VSG8M9TPHB6
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fieldworks LLC *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address PO Box 9897	Amount M M / D D / Y Y Y Y Y Y 874.50
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30	Category/Type 004
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fieldworks LLC *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address PO Box 9897	Amount M M / D D / Y Y Y Y Y Y 874.50
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30	Category/Type 004
Name of Federal Candidate: HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 874.50
Transaction ID : VSG8M9TPHE0
Date of Disbursement or Obligation

Name of Federal Candidate: KIHUEN, RUBEN, ,
Support Oppose
Office Sought: House Senate State: NV
District: 04
Calendar Year-To-Date Per Election for Office Sought 2596.83
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 4213.50
Transaction ID : VSG8M9TPHF8
Date of Disbursement or Obligation

Name of Federal Candidate: ROSS, DEBORAH, K, ,
Support Oppose
Office Sought: House Senate State: NC
District:
Calendar Year-To-Date Per Election for Office Sought 92448.07
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 13713.75
Transaction ID : VSG8M9TPHG6
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 13713.75
Transaction ID : VSG8M9TPHH4
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

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Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 22307.70
Transaction ID : VSG8M9TV8S9
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 16257.75
Transaction ID : VSG8M9TV8T7
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Fieldworks LLC * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	Transaction ID : VSG8M9TV8V5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Category/Type <input type="text"/> 004
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Fieldworks LLC * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 9897	Amount <input type="text"/>
City Washington State DC Zip Code 20016-8897	Transaction ID : VSG8M9TV8X0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Category/Type <input type="text"/> 004
Name of Federal Candidate: KIHUEN, RUBEN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2596.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fieldworks LLC *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">874.50</div> Transaction ID : VSG8M9TV8Y8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20016-8897</td> </tr> </table>		City	State	Zip Code	Washington	DC	20016-8897
City		State	Zip Code				
Washington	DC	20016-8897					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HECK, JOE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fieldworks LLC *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6049.95</div> Transaction ID : VSG8M9TV8Z6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20016-8897</td> </tr> </table>		City	State	Zip Code	Washington	DC	20016-8897
City		State	Zip Code				
Washington	DC	20016-8897					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92448.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Fieldworks LLC Memo Item
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 15383.25
Transaction ID : VSG8M9TV904
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, , ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Fieldworks LLC Memo Item
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 15383.25
Transaction ID : VSG8M9TV912
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 67527.07
Transaction ID : VSG8M9TPHJ2
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 67527.07
Transaction ID : VSG8M9TPHK0
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHM8
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 888 16Th St NW Ste 650		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9TPHN5
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rubio, Marco, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5524.16</div> Transaction ID : VSG8M9TPHP3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 146506.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4242.87</div> Transaction ID : VSG8M9TPHQ1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30 Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4242.87</div>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30	Category/Type 004
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">81143.52</div>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Category/Type 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> House <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee For Our Future Action Fund * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <input type="text"/> 81143.52 Transaction ID : VSG8M9TV9G9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6 Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee For Our Future Action Fund * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <input type="text"/> 22807.75 Transaction ID : VSG8M9TV9H6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6 Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 7602.58 Transaction ID : VSG8M9TV9J4 Date of Disbursement or Obligation / /
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6 Category/Type 004	
Name of Federal Candidate: Rubio, Marco, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item For Our Future Action Fund *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 7445.85 Transaction ID : VSG8M9TV9K2 Date of Disbursement or Obligation / /
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6 Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 146506.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 5431.15
Transaction ID : VSG8M9TV9M0
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 5431.15
Transaction ID : VSG8M9TV9N8
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 120557			Amount <input type="text"/>
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30		Category/Type <input type="text"/>	Transaction ID : VSG8M9TPJ10 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 120557			Amount <input type="text"/>
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30		Category/Type <input type="text"/>	Transaction ID : VSG8M9TPJ36 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 34119.00
Transaction ID: VSG8M9TPJ44
Date of Disbursement or Obligation

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1084809.94

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 11373.00
Transaction ID: VSG8M9TPJ52
Date of Disbursement or Obligation

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1084809.94

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 56227.50
Transaction ID: VSG8M9TPJ60
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 56227.50
Transaction ID: VSG8M9TPJ78
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , [Electronically Filed] Date 12/08/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 9753.75
Transaction ID : VSG8M9TPJ86
Date of Disbursement or Obligation

Name of Federal Candidate: KANDER, JASON, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 251391.75
Transaction ID : VSG8M9TVA13
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount 251391.75
City Boston	State MA Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount 56380.50
City Boston	State MA Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: MURPHY, PATRICK E., ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1084809.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18793.50</div>
City Boston	State MA Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: Rubio, Marco, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1084809.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">101043.75</div>
City Boston	State MA Zip Code 02112-0557	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6		Category/Type 004
Name of Federal Candidate: McGinty, Kathleen Alana, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 790780.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 101043.75 </div> Transaction ID : VSG8M9TVAD8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Boston</td> <td>MA</td> <td>02112-0557</td> </tr> </table>		City	State	Zip Code	Boston	MA	02112-0557
City		State	Zip Code				
Boston	MA	02112-0557					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA						
Calendar Year-To-Date Per Election for Office Sought 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Grassroots Campaigns, Inc. *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 13770.00 </div> Transaction ID : VSG8M9TVAF3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Boston</td> <td>MA</td> <td>02112-0557</td> </tr> </table>		City	State	Zip Code	Boston	MA	02112-0557
City		State	Zip Code				
Boston	MA	02112-0557					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: MO						
Calendar Year-To-Date Per Election for Office Sought 36017.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 22110.00
Transaction ID: VSG8M9TPHT5
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 22110.00
Transaction ID: VSG8M9TPHV3
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date 12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 8291.25
Transaction ID : VSG8M9TPHW1
Date of Disbursement or Obligation

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 2763.75
Transaction ID : VSG8M9TPHX9
Date of Disbursement or Obligation

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 27336.00
Transaction ID : VSG8M9TV9P6
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

Full Name of Payee GRSG Company
Mailing Address 1701 Pennsylvania Ave NW Ste 300
City Washington State DC Zip Code 20006-5813
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 27336.00
Transaction ID : VSG8M9TV9Q4
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee GRSG Company * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <input type="text"/>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9TV9Z7
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	
Name of Federal Candidate: MURPHY, PATRICK E, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GRSG Company * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <input type="text"/>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9TVA05
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	
Name of Federal Candidate: Rubio, Marco, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

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/ /

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Production and Design
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 3200.00
Transaction ID : VSG8M9TM305
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Production and Design
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 650.00
Transaction ID : VSG8M9TMBE4
Date of Disbursement or Obligation

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

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Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future		FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee HSG Campaigns * <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 W 5Th St Ste F105		Amount <input type="text"/>
City Los Angeles	State CA	Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Production and Design		Category/Type <input type="text"/> 004
Name of Federal Candidate: TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSG Campaigns * <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 W 5Th St Ste F105		Amount <input type="text"/>
City Los Angeles	State CA	Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Production and Design		Category/Type <input type="text"/> 004
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

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Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Canvassing Literature Design
Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 500.00
Transaction ID : VSG8M9TMD21
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Canvassing Literature Design
Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 500.00
Transaction ID : VSG8M9TMD39
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 1000.00
Transaction ID: VSG8M9TSPX4
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Design Services
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 250.00
Transaction ID: VSG8M9TSPZ0
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Transaction ID : VSG8M9TV7Z3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">125.00</div> Transaction ID : VSG8M9TV801 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount 125.00 Transaction ID : VSG8M9TV819 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount 90.00 Transaction ID : VSG8M9TVZR8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Design Services Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount 37.50
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Design Services Category/Type 004	
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSG Campaigns *	Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address 1201 W 5Th St Ste F105	Amount 22.50
City Los Angeles State CA Zip Code 90017-5120	
Purpose of Expenditure Direct Mail Design Services Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Design Services
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 500.00
Transaction ID : VSG8M9TWCE8
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee HSG Campaigns
Mailing Address 1201 W 5Th St Ste F105
City Los Angeles State CA Zip Code 90017-5120
Purpose of Expenditure Estimated Cost for Advertising Design Services
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 500.00
Transaction ID : VSG8M9TWCF6
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future		FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee Hustle, Inc.	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016
Mailing Address 251 Kearny St Ste 300		Amount 15000.00
City San Francisco	State CA	Zip Code 94108-4544
Purpose of Expenditure Digital Communications	Category/Type 004	Transaction ID : VSG8M9TW069 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Hustle, Inc.	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016
Mailing Address 251 Kearny St Ste 300		Amount 15000.00
City San Francisco	State CA	Zip Code 94108-4544
Purpose of Expenditure Digital Communications	Category/Type 004	Transaction ID : VSG8M9TW077 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016

Name of Federal Candidate: McGinty, Kathleen Alana, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Hustle, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2016 </div>
Mailing Address 251 Kearny St Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17993.00</div>
City State Zip Code San Francisco CA 94108-4544	
Purpose of Expenditure Actual Cost for Digital Communications Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Hustle, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2016 </div>
Mailing Address 251 Kearny St Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>
City State Zip Code San Francisco CA 94108-4544	
Purpose of Expenditure Digital Communications Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">32993.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Hustle, Inc.
Mailing Address 251 Kearny St Ste 300
City San Francisco State CA Zip Code 94108-4544
Purpose of Expenditure Digital Communications Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 15000.00
Transaction ID : VSG8M9TWG14
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Image Plus Graphics, Inc.
Mailing Address 1440 NE 131St St
City North Miami State FL Zip Code 33161-4424
Purpose of Expenditure Printing - Canvassing Literature Category/Type 004
Date of Public Distribution/Dissemination 10/23/2016
Amount 36545.85
Transaction ID : VSG8M9TNE12
Date of Disbursement or Obligation 10/23/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51545.85
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Image Plus Graphics, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Mailing Address 1440 NE 131St St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">36545.85</div>		
City North Miami	State FL	Zip Code 33161-4424			
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VSG8M9TNE20 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Name of Federal Candidate: MURPHY, PATRICK E, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1084809.94</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2016</div>		

Full Name of Payee <input type="checkbox"/> Memo Item IR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Mailing Address 1900 L St NW NW Ste. 611			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6000.00</div>		
City Washington	State DC	Zip Code 20036-5002			
Purpose of Expenditure Advertising Design Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VSG8M9TWC72 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5485930.32</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2016</div>		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">42545.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Las Vegas Chinese Daily News
Mailing Address 4215 Spring Mountain Rd Ste B206A
City Las Vegas State NV Zip Code 89102-8747
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 10/21/2016
Amount 900.00
Transaction ID : VSG8M9TM2Z7
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Las Vegas Chinese Daily News
Mailing Address 4215 Spring Mountain Rd Ste B206A
City Las Vegas State NV Zip Code 89102-8747
Purpose of Expenditure Newspaper Advertisement Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 900.00
Transaction ID : VSG8M9TT3W2
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Las Vegas Chinese Daily News *			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Mailing Address 4215 Spring Mountain Rd Ste B206A			
City Las Vegas	State NV	Zip Code 89102-8747	
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Las Vegas Chinese Daily News *			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Mailing Address 4215 Spring Mountain Rd Ste B206A			
City Las Vegas	State NV	Zip Code 89102-8747	
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 358454.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Lee, Mark, , , Memo Item
Mailing Address 8253 Rush St
City Rosemead State CA Zip Code 91770-3614
Purpose of Expenditure Advertising Design Services Category/Type 004
Date of Public Distribution/Dissemination 10 / 28 / 2016
Amount 1000.00
Transaction ID : VSG8M9TT3V6
Date of Disbursement or Obligation

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , Support
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Lee, Mark, , , Memo Item
Mailing Address 8253 Rush St
City Rosemead State CA Zip Code 91770-3614
Purpose of Expenditure Advertising Design Services Category/Type 004
Date of Public Distribution/Dissemination 11 / 04 / 2016
Amount 500.00
Transaction ID : VSG8M9TWF5
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Lee, Mark, , , * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 04 / 2016
Mailing Address 8253 Rush St	Amount <input type="text"/> 500.00 Transaction ID : VSG8M9TWF3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Rosemead State CA Zip Code 91770-3614	
Purpose of Expenditure Advertising Design Services Category/Type <input type="text"/> 004	
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mack-Sumner Communications, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 25 / 2016
Mailing Address 2001 N Beaugard St Ste 420	Amount <input type="text"/> 33814.56 Transaction ID : VSG8M9TQJV2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 25 / 2016
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Direct Mail Services Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 33814.56
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Mailing Address 2001 N Beauregard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33814.57</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TQJW0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1084809.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016
Mailing Address 2001 N Beauregard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">38168.09</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Actual Cost for Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TQJP3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;">71982.66</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Actual Cost for Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/26/2016
Amount 38168.09
Transaction ID : VSG8M9TQJQ1
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 41442.18
Transaction ID : VSG8M9TT3K3
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

(a) SUBTOTAL of Itemized Independent Expenditures 79610.27
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41442.18</div>
City Alexandria	State VA	
Zip Code 22311-1750	Transaction ID : VSG8M9TT3M1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Purpose of Expenditure Direct Mail Services		Category/Type 004
Name of Federal Candidate: MURPHY, PATRICK E, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1084809.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54191.50</div>
City Alexandria	State VA	
Zip Code 22311-1750	Transaction ID : VSG8M9TT3N9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Purpose of Expenditure Direct Mail Services		Category/Type 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">95633.68</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VSG8M9TT3P7
Purpose of Expenditure Direct Mail Services		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VSG8M9TT3R2
Purpose of Expenditure Direct Mail Services		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 140645.23
Transaction ID : VSG8M9TV7S6
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 140645.22
Transaction ID : VSG8M9TV7T4
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: MURPHY, PATRICK E, , ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 281290.45
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date 12/08/2016
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications, LLC *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VSG8M9TWH8
Purpose of Expenditure Printing - Stickers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications, LLC *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2001 N Beaugard St Ste 420		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VSG8M9TWHB6
Purpose of Expenditure Printing - Stickers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2001 N Beauregard St Ste 420			Amount <input type="text"/> 41533.42
City Alexandria	State VA	Zip Code 22311-1750	
Purpose of Expenditure Direct Mail Services		Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9TT3Q4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200			Amount <input type="text"/> 42500.61
City Glastonbury	State CT	Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail		Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9TPG74 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 84034.03
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount 19979.78
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount 7492.42
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	27472.20
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6017.52</div>
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TPGA6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92448.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7492.42</div>
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TPGB4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Actual Cost for Direct Mail Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92448.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">13509.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, . .

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 1380.00 Transaction ID : VSG8M9VMY39 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Payment for Printing - Canvassing Literature Category/Type <input type="text"/> 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 1380.00 Transaction ID : VSG8M9VMY47 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Paymentt for Printing - Canvassing Literature Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2760.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">52778.48</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Doorhangers Category/Type 004	
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">54427.81</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Doorhangers Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">107206.29</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future		FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200			Amount <input type="text"/>
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VSG8M9TS1A0
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200			Amount <input type="text"/>
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VSG8M9TS1B7
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ROSS, DEBORAH, K, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mission Control
Mailing Address 624 Hebron Ave Ste 200
City Glastonbury State CT Zip Code 06033-5006
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 56479.65
Transaction ID : VSG8M9TT3A2
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Mission Control
Mailing Address 624 Hebron Ave Ste 200
City Glastonbury State CT Zip Code 06033-5006
Purpose of Expenditure Direct Mail Services Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 35028.31
Transaction ID : VSG8M9TT3B0
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 91507.96
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,
Signature

[Electronically Filed]

Date 12/08/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 5004.04 Transaction ID : VSG8M9TT3C8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 15043.79 Transaction ID : VSG8M9TT3D5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 20047.83
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, . .

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 15043.79
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	Transaction ID : VSG8M9TT3E3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 177310.00
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	Transaction ID : VSG8M9TT3F1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 192353.79
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 56479.65 Transaction ID : VSG8M9TT3G9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/> 1757.50 Transaction ID : VSG8M9TT3H7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Printing - Canvassing Literature Category/Type 004	

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 58237.15
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2016 </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1757.50</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Printing - Canvassing Literature Category/Type 004	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2016 </div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56479.65</div>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">58237.15</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Mission Control <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave Ste 200	Amount <input type="text"/>
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services	Transaction ID : VSG8M9TVQR2
Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Kathleen Alana, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee New Partners Consulting, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1250 I St NW Ste 200	Amount <input type="text"/>
City Washington State DC Zip Code 20005-5994	
Purpose of Expenditure Digital Advertising Buy	Transaction ID : VSG8M9TT3X0
Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 58979.65
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee New Partners Consulting, Inc.
Mailing Address 1250 I St NW Ste 200
City Washington State DC Zip Code 20005-5994
Purpose of Expenditure Digital Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 2500.00
Transaction ID : VSG8M9TT3Y8
Date of Disbursement or Obligation 10/28/2016

Name of Federal Candidate: HECK, JOE, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee New Partners Teleservices
Mailing Address PO Box 5021
City Saint Cloud State MN Zip Code 56302-5021
Purpose of Expenditure Voter Outreach Calls Category/Type 004
Date of Public Distribution/Dissemination 10/30/2016
Amount 42000.00
Transaction ID : VSG8M9VMYB2
Date of Disbursement or Obligation

Name of Federal Candidate: MURPHY, PATRICK E, , ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item New Partners Teleservices *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 5021		Amount <input type="text"/>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYC0
Purpose of Expenditure Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
5485930.32			

Full Name of Payee <input type="checkbox"/> Memo Item New Partners Teleservices		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 5021		Amount <input type="text"/>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYF3
Purpose of Expenditure Payment for Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
358454.04			

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<input type="text"/>
(a) TOTAL Independent Expenditures	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date / /
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item New Partners Teleservices		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 5021		Amount <input type="text"/>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYE6
Purpose of Expenditure Payment for Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item New Partners Teleservices		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 5021		Amount <input type="text"/>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYG1
Purpose of Expenditure Payment for Voter Outreach Calls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee New Partners Teleservices
Mailing Address PO Box 5021
City Saint Cloud State MN Zip Code 56302-5021
Purpose of Expenditure Payment for Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 12500.00
Transaction ID : VSG8M9VMYH9
Date of Disbursement or Obligation 11/14/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Onyx Communications
Mailing Address 2046 Westchester Dr
City Silver Spring State MD Zip Code 20902-3557
Purpose of Expenditure Voter Outreach Calls
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 6250.00
Transaction ID : VSG8M9TWCT3
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18750.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2046 Westchester Dr	Amount <input type="text"/>
City Silver Spring State MD Zip Code 20902-3557	Transaction ID : VSG8M9TWCV0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Voter Outreach Calls Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 92448.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2046 Westchester Dr	Amount <input type="text"/>
City Silver Spring State MD Zip Code 20902-3557	Transaction ID : VSG8M9TW093 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Voter Outreach Calls Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 18750.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">12500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Silver Spring</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 20902-3557</td> </tr> </table>		City Silver Spring	State MD	Zip Code 20902-3557
City Silver Spring		State MD	Zip Code 20902-3557	
Purpose of Expenditure Payment for Voter Outreach Calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">92448.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">42000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Silver Spring</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 20902-3557</td> </tr> </table>		City Silver Spring	State MD	Zip Code 20902-3557
City Silver Spring		State MD	Zip Code 20902-3557	
Purpose of Expenditure Voter Outreach Calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">54500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y

12 / 08 / 2016

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Onyx Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div> Transaction ID : VSG8M9TWG30 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Silver Spring</td> <td>MD</td> <td>20902-3557</td> </tr> </table>		City	State	Zip Code	Silver Spring	MD	20902-3557
City		State	Zip Code				
Silver Spring	MD	20902-3557					
Purpose of Expenditure Voter Outreach Calls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1084809.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59768.22</div> Transaction ID : VSG8M9TPGT2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 1175 John St	Amount 59768.22			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City West Henrietta</td> <td style="width:17%; border-bottom: 1px solid black;">State NY</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 1175 John St	Amount 8154.78			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City West Henrietta</td> <td style="width:17%; border-bottom: 1px solid black;">State NY</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Johnson, Ronald Harold, ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought 239726.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 8154.78
Transaction ID : VSG8M9TPGX6
Date of Disbursement or Obligation

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 1542.00
Transaction ID : VSG8M9TPGY4
Date of Disbursement or Obligation

Name of Federal Candidate: Gallagher, Michael John, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1542.00</div> Transaction ID : VSG8M9TPGZ2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: NELSON, TOM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6660.00</div> Transaction ID : VSG8M9TPH17 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30							
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 2220.00
Transaction ID : VSG8M9TPH25
Date of Disbursement or Obligation

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1084809.94

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 11925.00
Transaction ID : VSG8M9TPH33
Date of Disbursement or Obligation

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 146506.34

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date 12/08/2016

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1175 John St	Amount 76763.10
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Category/Type 004

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1175 John St	Amount 76763.10
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	
Name of Federal Candidate: TRUMP, DONALD J., , ,	Category/Type 004

Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Signature Bidel-Niyat, Shirin, , , *[Electronically Filed]* Date 12 / 08 / 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 11421.90 </div> Transaction ID : VSG8M9TV954 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Johnson, Ronald Harold, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: WI						
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">239726.89</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 11421.90 </div> Transaction ID : VSG8M9TV962 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose FEINGOLD, RUSSELL DANA, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: WI						
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">239726.89</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 31 / 2016						
Mailing Address 1175 John St	Amount 2160.00 Transaction ID : VSG8M9TV987 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate:	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>						
Gallagher, Michael John, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						
30108.62	2016						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination 10 / 31 / 2016						
Mailing Address 1175 John St	Amount 2160.00 Transaction ID : VSG8M9TV995 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Henrietta</td> <td>NY</td> <td>14586-9102</td> </tr> </table>		City	State	Zip Code	West Henrietta	NY	14586-9102
City		State	Zip Code				
West Henrietta	NY	14586-9102					
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6							
Name of Federal Candidate:	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>						
NELSON, TOM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						
30108.62	2016						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Paychex * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: STRICKLAND, TED, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 146506.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Paychex * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Paychex *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3041.25 </div> Transaction ID : VSG8M9TV9C7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City West Henrietta</td> <td style="width:17%;">State NY</td> <td style="width:50%;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY	Zip Code 14586-9102
City West Henrietta		State NY	Zip Code 14586-9102	
Purpose of Expenditure Estimated Cost for Canvassing Services from 10/31-11/6 Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Print And Mail Communications LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
Mailing Address 7040 Colonial Hwy	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4999.85 </div> Transaction ID : VSG8M9TWCN3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Pennsauken</td> <td style="width:17%;">State NJ</td> <td style="width:50%;">Zip Code 08109-4306</td> </tr> </table>		City Pennsauken	State NJ	Zip Code 08109-4306
City Pennsauken		State NJ	Zip Code 08109-4306	
Purpose of Expenditure Postage Category/Type 004				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4999.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 4999.85
Transaction ID : VSG8M9TWCP1
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 120.80
Transaction ID : VSG8M9VN143
Date of Disbursement or Obligation 11/08/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5120.65
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Print And Mail Communications LLC
Mailing Address 7040 Colonial Hwy
City Pennsauken State NJ Zip Code 08109-4306
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 120.79
Transaction ID : VSG8M9VN151
Date of Disbursement or Obligation 11/08/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Redfern, Jacob, ,
Memo Item
Mailing Address 935 Craig St
City McKeesport State PA Zip Code 15132-1827
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 80.00
Transaction ID : VSG8M9TWQV4
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.79
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Redfern, Jacob, , , * Memo Item
Mailing Address 935 Craig St
City McKeesport State PA Zip Code 15132-1827
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11 / 04 / 2016
Amount 80.00
Transaction ID : VSG8M9TWQW2
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, , , Support Oppose
Office Sought: House District: PA
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Rising Tide Interactive * Memo Item
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Estimated Cost for Digital Advertising Buy Category/Type 004
Date of Public Distribution/Dissemination 10 / 21 / 2016
Amount 550.00
Transaction ID : VSG8M9TMCX1
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., , , Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Mailing Address 1250 H St NW	Amount M M M M / D D D D / Y Y Y Y Y Y 450.00		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20005-3952	
Purpose of Expenditure Estimated Cost for Digital Advertising Buy	Category/Type 004		
Name of Federal Candidate: HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought M M M M / D D D D / Y Y Y Y Y Y 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination M M M M / D D D D / Y Y Y Y Y Y 10 / 21 / 2016		
Mailing Address 1250 H St NW	Amount M M M M / D D D D / Y Y Y Y Y Y 1000.00		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20005-3952</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20005-3952	
Purpose of Expenditure Estimated Cost for Digital Advertising Buy	Category/Type 004		
Name of Federal Candidate: Rubio, Marco, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought M M M M / D D D D / Y Y Y Y Y Y 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y
(a) TOTAL Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M M M / D D D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 24 / 2016
Mailing Address 1250 H St NW	Amount <input type="text"/> 35000.00 Transaction ID : VSG8M9TPGP1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Estimated Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 24 / 2016
Mailing Address 1250 H St NW	Amount <input type="text"/> 7500.00 Transaction ID : VSG8M9TPGR6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Estimated Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination 10 / 24 / 2016						
Mailing Address 1250 H St NW	Amount 7500.00 Transaction ID : VSG8M9TPGS4 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005-3952</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005-3952
City		State	Zip Code				
Washington	DC	20005-3952					
Purpose of Expenditure Estimated Cost for Digital Advertising Buy							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
36017.97							

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination 10 / 27 / 2016						
Mailing Address 1250 H St NW	Amount 107800.00 Transaction ID : VSG8M9TSQ81 Date of Disbursement or Obligation / / 						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005-3952</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005-3952
City		State	Zip Code				
Washington	DC	20005-3952					
Purpose of Expenditure Estimated Cost for Digital Advertising Buy							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
5485930.32							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1250 H St NW		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20005-3952	Transaction ID : VSG8M9TSQ99
Purpose of Expenditure Estimated Cost for Digital Advertising Buy		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1250 H St NW		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20005-3952	Transaction ID : VSG8M9TSQA7
Purpose of Expenditure Estimated Cost for Digital Advertising Buy		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ROSS, DEBORAH, K, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , ,

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/ /

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Estimated Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 33000.00
Transaction ID : VSG8M9TT429
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Estimated Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 11000.00
Transaction ID : VSG8M9TT437
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, ,

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12/08/2016

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Rising Tide Interactive *	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 28 / 2016
Mailing Address 1250 H St NW	Amount <input type="text"/> 11000.00
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Estimated Cost for Digital Advertising Buy Category/Type 004	Transaction ID : VSG8M9TT445 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 239726.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item RKJ Promotions	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 06 / 2016
Mailing Address 5455 S Fort Apache Rd Ste 108-114	Amount <input type="text"/> 770.31
City Las Vegas State NV Zip Code 89148-6408	
Purpose of Expenditure Payment for Advertising Production and Design Category/Type 004	Transaction ID : VSG8M9VN1C6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 21 / 2016
Name of Federal Candidate: HECK, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 770.31
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , ,

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Date

/ /
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RKJ Promotions <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 5455 S Fort Apache Rd Ste 108-114		Amount <input type="text"/>	
City Las Vegas	State NV	Zip Code 89148-6408	Transaction ID : VSG8M9VN1E2
Purpose of Expenditure Payment for Advertising Production and Design		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Snapchat <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 8 Brooks Ave		Amount <input type="text"/>	
City Venice	State CA	Zip Code 90291-2200	Transaction ID : VSG8M9TPGJ9
Purpose of Expenditure Actual Cost for Digital Advertising		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Snapchat	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2016</div>			
Mailing Address 8 Brooks Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">34.95</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Venice</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90291-2200</td> </tr> </table>		City Venice	State CA	Zip Code 90291-2200
City Venice		State CA	Zip Code 90291-2200	
Purpose of Expenditure Actual Cost for Digital Advertising				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u> <input type="checkbox"/> President			
Calendar Year-To-Date Per Election for Office Sought 790780.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4213.74</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4248.69</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 4213.74
Transaction ID : VSG8M9TMBV3
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 21689.98
Transaction ID : VSG8M9TPGG3
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25903.72
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

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Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 21689.97
Transaction ID : VSG8M9TPGH1
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1084809.94

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 5787.52
Transaction ID : VSG8M9TT453
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5485930.32

(a) SUBTOTAL of Itemized Independent Expenditures 27477.49
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 187		Amount <input type="text"/>	
City Grasonville	State MD	Zip Code 21638-0187	Transaction ID : VSG8M9TT461
Purpose of Expenditure Robocalls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 187		Amount <input type="text"/>	
City Grasonville	State MD	Zip Code 21638-0187	Transaction ID : VSG8M9TSQ66
Purpose of Expenditure Actual Cost for Robocalls		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Bidel-Niyat, Shirin, , **[Electronically Filed]** Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2016 </div>		
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3359.51</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD
City Grasonville	State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls	Category/Type 004		
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">358454.04</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2016 </div>		
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1914.35</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD
City Grasonville	State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls	Category/Type 004		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5485930.32</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5273.86</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2016 </div>		
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1914.36</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD
City Grasonville	State MD	Zip Code 21638-0187	
Purpose of Expenditure Robocalls	Category/Type 004		
Name of Federal Candidate: MURPHY, PATRICK E, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
1084809.94			

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>		
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15686.87</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD
City Grasonville	State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls	Category/Type 004		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
5485930.32			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">17601.23</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 15686.87
Transaction ID : VSG8M9TV835
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 2378.73
Transaction ID : VSG8M9TVQW4
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18065.60
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2378.74 </div>
City State Zip Code Grasonville MD 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MASTO, CATHERINE CORTEZ, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 358454.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2554.10 </div>
City State Zip Code Grasonville MD 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4932.84</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2554.09 </div>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1084809.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 881.96 </div>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1084809.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 3436.05 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 10/29/2016
Amount 881.95
Transaction ID : VSG8M9TVRS3
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 23007.59
Transaction ID : VSG8M9TW019
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23889.54
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 23007.59
Transaction ID : VSG8M9TW027
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 1048.67
Transaction ID : VSG8M9TW035
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24056.26
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2016 </div>						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1048.67 </div> Transaction ID : VSG8M9TW043 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Actual Cost for Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 146506.34 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2016 </div>						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13668.75 </div> Transaction ID : VSG8M9TWC98 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Robocalls							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5485930.32 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14717.42 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13668.75</div> Transaction ID : VSG8M9TWCA6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Robocalls							
Name of Federal Candidate: STRICKLAND, TED, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought 146506.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5451.60</div> Transaction ID : VSG8M9TWCB4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Grasonville</td> <td>MD</td> <td>21638-0187</td> </tr> </table>		City	State	Zip Code	Grasonville	MD	21638-0187
City		State	Zip Code				
Grasonville	MD	21638-0187					
Purpose of Expenditure Actual Cost for Robocalls							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19120.35</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

 [Electronically Filed]

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 5451.59 Transaction ID : VSG8M9TWCC2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Estimated Cost for Robocalls Category/Type 004	
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/> 13668.75 Transaction ID : VSG8M9TSQ40 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 19120.34
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">13668.75</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls	Category/Type 004			
Name of Federal Candidate: STRICKLAND, TED, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">146506.34</div>			

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8558.88</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Grasonville</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21638-0187</td> </tr> </table>		City Grasonville	State MD	Zip Code 21638-0187
City Grasonville		State MD	Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls	Category/Type 004			
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____ District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5485930.32</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22227.63</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 08 / 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ C C00620971
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	Transaction ID : VSG8M9TWFV7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ MURPHY, PATRICK E, , , <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1084809.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item The Contact Group, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 187	Amount <input type="text"/>
City Grasonville State MD Zip Code 21638-0187	Transaction ID : VSG8M9TWHK9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Robocalls Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 17457.37
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 8898.50
Transaction ID : VSG8M9TWHM7
Date of Disbursement or Obligation 11/14/2016

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/06/2016
Amount 1403.57
Transaction ID : VSG8M9TWQK1
Date of Disbursement or Obligation 11/14/2016

Name of Federal Candidate: FEINGOLD, RUSSELL DANA, ,
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10302.07
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , [Electronically Filed] Date 12/08/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 11/06/2016
Amount 3047.10
Transaction ID: VSG8M9TWQM9
Date of Disbursement or Obligation 11/14/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee The Contact Group, Inc.
Mailing Address PO Box 187
City Grasonville State MD Zip Code 21638-0187
Purpose of Expenditure Actual Cost for Robocalls
Category/Type 004
Date of Public Distribution/Dissemination 11/06/2016
Amount 3047.11
Transaction ID: VSG8M9TWQN7
Date of Disbursement or Obligation 11/14/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate State: FL
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6094.21
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee USPS
Mailing Address 1050 Connecticut Ave NW
City Washington State DC Zip Code 20036-5303
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1275.88
Transaction ID : VSG8M9TWQX0
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 5485930.32
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee USPS
Mailing Address 1050 Connecticut Ave NW
City Washington State DC Zip Code 20036-5303
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1275.87
Transaction ID : VSG8M9TWQY8
Date of Disbursement or Obligation

Name of Federal Candidate: McGinty, Kathleen Alana, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 790780.16
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Waterfront Strategies *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 700.00 </div> Transaction ID : VSG8M9TPGK7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Estimated Cost for Digital Advertising Production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Waterfront Strategies *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016						
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 150.00 </div> Transaction ID : VSG8M9TPGM5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Estimated Cost for Digital Advertising Production							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KANDER, JASON, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO						
Calendar Year-To-Date Per Election for Office Sought 36017.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) For Our Future
FEC IDENTIFICATION NUMBER C C00620971

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW NW Ste. 100
City Washington State DC Zip Code 20007-5108
Purpose of Expenditure Estimated Cost for Digital Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 150.00
Transaction ID : VSG8M9TPGN3
Date of Disbursement or Obligation

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW NW Ste. 100
City Washington State DC Zip Code 20007-5108
Purpose of Expenditure Estimated Cost for Digital Advertising Production
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 1800.00
Transaction ID : VSG8M9TT3Z6
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) For Our Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620971 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Waterfront Strategies *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 600.00 </div> Transaction ID : VSG8M9TT404 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Estimated Cost for Digital Advertising Production Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5485930.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Waterfront Strategies *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 600.00 </div> Transaction ID : VSG8M9TT411 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Estimated Cost for Digital Advertising Production Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose FEINGOLD, RUSSELL DANA, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 239726.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2383839.55</div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature