

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.

For Our Future

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Bidel-Niyat, Shirin, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Bidel-Niyat, Shirin, , ,* [Electronically Filed] Date / /

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

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

FEC Form 3X (Rev. 05/2016)

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="14450604.63"/>	<input type="text" value="48718140.56"/>
(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="16504328.03"/>	<input type="text" value="48718140.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14404334.53"/>	<input type="text" value="46618147.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2099993.50"/>	<input type="text" value="2099993.50"/>
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="393739.66"/>	

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).....	413044.14	19797415.08
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	413044.14	19797415.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	13706461.02	27714578.69
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14119505.16	47511993.77
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).....	330895.52	866146.79
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)).....▶	14450604.63	48718140.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14450604.63	48718140.56

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	5864103.78	14284060.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5864103.78	14284060.68
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)	6634241.92	9408814.03
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)) ..	14404334.53	46618147.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14404334.53	46618147.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14119505.16	47511993.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14119505.16	47511993.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5864103.78	14284060.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	330895.52	866146.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5533208.26	13417913.89

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 HCB

Form/Schedule: F3XA
Transaction ID :

The committee has removed Schedule E memo transactions and the corresponding debt owed to Centaur North Strategies and AFSCME Special Account. The committee has determined that the previously reported independent expenditures were not carried out. The committee has also removed debt owed to Fieldworks LLC, as it has been determined that the reported figure was included within a payment to this vendor during this reporting period. The committee originally disclosed independent expenditures and debts owed to HSG Campaigns, but the name of the vendor is in fact Hilltop Public Solutions. The report and these transactions have been updated to reflect this. Finally, the committee removed the debt owed to Jacob Redfern, as it has been determined that this amount was paid through a payroll reimbursement during this reporting period.

Form/Schedule:
Transaction ID:

**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 540
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
For Our Future

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AFSCME Special Account

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 ▼
5557515.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : VSH7WEG6562

Amount of Each Receipt this Period
4329.90

Memo Item

* In-Kind: Rent

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

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 ▼
5557515.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : VSH7WEG6588

Amount of Each Receipt this Period
128314.24

Memo Item

* In-Kind: Staff Salaries and Benefits

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

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 ▼
5557515.08

Date of Receipt

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

Transaction ID : VSH7WE65EQ9

Amount of Each Receipt this Period
250000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	382644.14
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 540
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
For Our Future

A. 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) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

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

B. 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) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 28400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2016
Transaction ID : VSH7WE65EV0
 Amount of Each Receipt this Period
 28400.00
 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) Information Requested Occupation (for Individual) Information Requested
 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).....	30400.00
TOTAL This Period (last page this line number only).....	413044.14

**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 540
<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. ASIAN PACIFIC AMERICANS FOR PROGRESS PAC

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

Mailing Address 215 S Santa Fe Ave
Apt 3

City Los Angeles State CA Zip Code 90012-4350

FEC ID number of contributing federal political committee. **C** C00447235

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
987.02

Date of Receipt
10 / 28 / 2016

Transaction ID : VSH7WEG65C9

Amount of Each Receipt this Period
987.02

Memo Item

* In-Kind: Staff Salaries and Benefits

B. 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

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 / 20 / 2016

Transaction ID : VSH7WE65EX6

Amount of Each Receipt this Period
1000000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1190987.02
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 10 OF 540
<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
MM / DD / YYYY
10 / 26 / 2016

Transaction ID : VSH7WE65E22

Amount of Each Receipt this Period
7800000.00

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
MM / DD / YYYY
11 / 02 / 2016

Transaction ID : VSH7WE65EW8

Amount of Each Receipt this Period
4700000.00

Memo Item

C. SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

FEC ID number of contributing federal political committee. **C** C00004036

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
56091.67

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

Transaction ID : VSH7WE7GS33

Amount of Each Receipt this Period
15474.00

Memo Item

* In-Kind: Staff Salaries and Benefits

SUBTOTAL of Receipts This Page (optional).....	12515474.00
TOTAL This Period (last page this line number only).....	13706461.02

**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 540
<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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	159.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 540
<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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
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 13 OF 540
<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 M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : VSH7WE65DZ9

Amount of Each Receipt this Period

26.94

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

Transaction ID : VSH7WE65E07

Amount of Each Receipt this Period

26.99

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

Transaction ID : VSH7WE65E15

Amount of Each Receipt this Period

26.99

 Memo Item

Refund

SUBTOTAL of Receipts This Page (optional).....	70.92
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 540
<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

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="17"/> / <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 : VSH7WE65E23
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="36.38"/>
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="22"/> / <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 : VSH7WE65E31
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="29.47"/>
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. Amtrak		Date of Receipt
Mailing Address 60 Massachusetts Ave NE		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20002-4285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VSH7WE65EM5
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="71.20"/>
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="424.20"/>	Refund

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="137.05"/>
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 15 OF 540
<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

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 16 OF 540
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Enterprise Rent-A-Car			Date of Receipt MM / DD / YYYY 11 / 10 / 2016 Transaction ID : VSH7WE65EE8
Mailing Address 200 W Beltline Hwy			Amount of Each Receipt this Period 35.50
City Madison	State WI	Zip Code 53713-2685	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			Refund
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 926.45		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Enterprise Rent-A-Car			Date of Receipt MM / DD / YYYY 11 / 10 / 2016 Transaction ID : VSH7WE65EF5
Mailing Address 200 W Beltline Hwy			Amount of Each Receipt this Period 101.52
City Madison	State WI	Zip Code 53713-2685	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			Refund
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 926.45		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Enterprise Rent-A-Car			Date of Receipt MM / DD / YYYY 11 / 10 / 2016 Transaction ID : VSH7WE65EG3
Mailing Address 200 W Beltline Hwy			Amount of Each Receipt this Period 150.00
City Madison	State WI	Zip Code 53713-2685	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			Refund
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 926.45		

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 17 OF 540
<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 18 OF 540
<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)
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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 19 OF 540
<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 ▼
506.87

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 ▼
506.87

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 20 OF 540
(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. 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 / 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

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).....▶	298.35
TOTAL This Period (last page this line number only).....▶	330837.92

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 540
<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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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
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

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

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 Amount of Each Disbursement this Period 4610.38
City Philadelphia	State PA	Zip Code 19110-1004
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. 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 Amount of Each Disbursement this Period 735.00
City Cincinnati	State OH	Zip Code 45206-1938
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. 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 Amount of Each Disbursement this Period 700.00
City Pittsburgh	State PA	Zip Code 15219-4500
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).....▶	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				
City Madison	State WI	Zip Code 53717-2900	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Telephone Services			Transaction ID : VSG8M9VMH	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 186.75	
Office Sought: <input type="checkbox"/> 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:	Category/Type 001			

Full Name (Last, First, Middle Initial) B. AFSCME Council 32			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 8033 Excelsior Dr				
City Madison	State WI	Zip Code 53717-2900	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Printing - Meeting Packets			Transaction ID : VSG8M9VMH	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1085.07	
Office Sought: <input type="checkbox"/> 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:	Category/Type 001			

Full Name (Last, First, Middle Initial) C. AFSCME Special Account			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1625 L St NW				
City Washington	State DC	Zip Code 20036-5665	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Rent			Transaction ID : VSH7WEG65	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 4329.90	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:	Category/Type		* In-Kind Received	

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

5601.72

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

A. AFSCME Special Account

Full Name (Last, First, Middle Initial)

Mailing Address 1625 L St NW

City
Washington

State
DC

Zip Code
20036-5665

Purpose of Disbursement
Staff Salaries and Benefits

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSH7WEG65
Amount of Each Disbursement this Period

Memo Item * In-Kind Received

B. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K St NW

City
Washington

State
DC

Zip Code
20006-1245

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

001
Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VK91
Amount of Each Disbursement this Period

Memo Item

C. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K St NW

City
Washington

State
DC

Zip Code
20006-1245

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VSG8M9VK9
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 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9 Amount of Each Disbursement this Period 999.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Equipment		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. 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 28.80
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period 100.68
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		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).....▶	1128.48
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
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			21			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VK9

Amount of Each Disbursement this Period

55.31

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			21			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

244.00

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			21			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKC

Amount of Each Disbursement this Period

302.08

Memo Item

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

601.39

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. 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			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKC

Amount of Each Disbursement this Period

302.08

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			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKC!

Amount of Each Disbursement this Period

302.08

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			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

67.80

Memo Item

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

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

671.96

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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 / 24 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 67.80
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	

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] 85.95
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] 118.33
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] 272.08
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] 120.33
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] 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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 391.53
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] 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	

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 : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 846.20
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] 1153.70
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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 85.74
City Seattle	State WA	
Zip Code 98109-5306	Purpose of Disbursement Office Supplies	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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 109.80
City Seattle	State WA	
Zip Code 98109-5306	Purpose of Disbursement Office Supplies	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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 244.00
City Seattle	State WA	
Zip Code 98109-5306	Purpose of Disbursement Office Supplies	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] 439.54
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	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] 244.00
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	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] 1116.04
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	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] 2906.67
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4266.71
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

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 / 26 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKB Amount of Each Disbursement this Period [REDACTED] 122.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKC Amount of Each Disbursement this Period [REDACTED] 244.00
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		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. Amazon		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VK9 Amount of Each Disbursement this Period [REDACTED] 11.13
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Office Supplies		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] 377.13
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. 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 : VSG8M9VKA

Amount of Each Disbursement this Period

31.86

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			27			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

37.92

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			27			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB

Amount of Each Disbursement this Period

60.87

Memo Item

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

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

130.65

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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 / 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	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 60.87
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	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 60.87
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	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 60.87
State: District:		<input type="checkbox"/> Memo Item

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

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 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) 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).....▶	233.43
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

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 17.77
Office Sought: <input type="checkbox"/> 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 / 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 17.82
Office Sought: <input type="checkbox"/> 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 / 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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	53.49
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		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 17.94
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) 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).....▶	53.78
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. 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] 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	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKA
Amount of Each Disbursement this Period

[REDACTED] 22.10

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

[REDACTED] 22.10

Memo Item

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

[REDACTED] 66.28

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. 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] 27.00

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
[REDACTED] 35.72

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
[REDACTED] 36.06

Memo Item

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

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

98.78

[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. 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
1	0			2	8			2	0	1	6		

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)

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
1	0			2	8			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period

[REDACTED] 71.66

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
1	0			2	8			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period

[REDACTED] 73.40

Memo Item

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

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

[REDACTED] 181.44

[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	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKB
 Amount of Each Disbursement this Period
 [REDACTED] 109.00

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 : VSG8M9VK9Z
 Amount of Each Disbursement this Period
 [REDACTED] 13.08

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
 [REDACTED] 13.08

Memo Item

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

[REDACTED]	135.16
------------	--------

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

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

[Redacted] 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	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

[Redacted] 13.08

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

[Redacted] 13.08

Memo Item

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

[Redacted] 39.24

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. 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 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	

SUBTOTAL of Disbursements This Page (optional).....▶	39.27
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

[Redacted] 13.09

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

[Redacted] 15.73

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

[Redacted] 15.73

Memo Item

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

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

[Redacted] 44.55

[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	/	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)

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

18.98

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

19.59

Memo Item

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

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

54.35

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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] 21.93

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] 21.98

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] 22.08

Memo Item

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

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

[REDACTED]	65.99
[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

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 : VSG8M9VKA
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 : VSG8M9VKA
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 : VSG8M9VKB
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	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKB
Amount of Each Disbursement this Period

[Redacted] 43.93

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 : VSG8M9VKB
Amount of Each Disbursement this Period

[Redacted] 52.46

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 : VSG8M9VKB
Amount of Each Disbursement this Period

[Redacted] 60.87

Memo Item

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

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

[Redacted] 157.26

[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. 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 63.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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 110.19
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 345 Boren Ave N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS
City Seattle	State WA	Zip Code 98109-5306
Purpose of Disbursement Event Supplies	Candidate Name	Amount of Each Disbursement this Period 14.69
Office Sought: <input type="checkbox"/> 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 007	

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

188.30

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. Amazon

Mailing Address 345 Boren Ave N

City Seattle State WA Zip Code 98109-5306

Purpose of Disbursement Event Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **007**

Date of Disbursement: **11 / 01 / 2016**

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKS**

Amount of Each Disbursement this Period: **17.80**

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **007**

Date of Disbursement: **11 / 03 / 2016**

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKS**

Amount of Each Disbursement this Period: **7.89**

Memo Item

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

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **002**

Date of Disbursement: **10 / 24 / 2016**

FEC Identification Number: **C**

Transaction ID : **VSG8M9VKT**

Amount of Each Disbursement this Period: **326.10**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **351.79**

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. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV; Amount of Each Disbursement this Period [REDACTED] 432.70
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 / 24 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV; Amount of Each Disbursement this Period [REDACTED] 704.70
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 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:		

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

1516.60

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. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO Box 619616		FEC Identification Number C Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 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) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 619616		FEC Identification Number C Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 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:		

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 Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 149.10
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).....▶	620.40
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

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 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT! Amount of Each Disbursement this Period [REDACTED] 251.10
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:		

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 : VSG8M9VKT! Amount of Each Disbursement this Period [REDACTED] 261.20
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 : VSG8M9VKT! Amount of Each Disbursement this Period [REDACTED] 336.10
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)..... ▶

848.40

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 : VSG8M9VKV1 Amount of Each Disbursement this Period 392.70
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 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV1 Amount of Each Disbursement this Period 392.70
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 Airlines		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 619616		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV1 Amount of Each Disbursement this Period 421.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	1206.40
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

Mailing Address PO Box 619616

City
Dallas

State
TX

Zip Code
75261-9616

Purpose of Disbursement
Travel

002
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		07		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
491.20

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619616

City
Dallas

State
TX

Zip Code
75261-9616

Purpose of Disbursement
Travel

002
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		07		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
521.20

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address PO Box 619616

City
Dallas

State
TX

Zip Code
75261-9616

Purpose of Disbursement
Travel

002
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		07		2016

FEC Identification Number

C
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
582.20

Memo Item

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

1594.60

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. 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) B. 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:		

Full Name (Last, First, Middle Initial) C. American Unions Embroidery And Screen Printing, Inc.		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 123 Swiggum Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 810.63
City Westby	State WI	Zip Code 54667-8187
Purpose of Disbursement Printing - Rally Signs, 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).....▶	1544.65
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 M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Mailing Address 60 Massachusetts Ave NE					
City Washington	State DC	Zip Code 20002-4285	FEC Identification Number C [REDACTED]		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 233.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 60 Massachusetts Ave NE					
City Washington	State DC	Zip Code 20002-4285	FEC Identification Number C [REDACTED]		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 48.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C. Amtrak			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 60 Massachusetts Ave NE					
City Washington	State DC	Zip Code 20002-4285	FEC Identification Number C [REDACTED]		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 55.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 336.00		
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 / 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) 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 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:		

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).....▶	363.00
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 : VSG8M9VKV
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 144.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 89.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 60 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKV
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 178.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	411.00
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. Analyst Institute, LLC

Mailing Address 815 16Th St NW

City
Washington

State
DC

Zip Code
20006-4101

Purpose of Disbursement
Data Analysis 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
11			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKC
Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Angle Mastagni Mathews Political Strategies, LLC

Mailing Address 507 N Sylvania Ave

City
Fort Worth

State
TX

Zip Code
76111-2317

Purpose of Disbursement
Data Analysis 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 : VSG8M9VMH
Amount of Each Disbursement this Period

121948.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony, Lardon, , ,

Mailing Address 18824 NW 32Nd Pl

City
Miami Gardens

State
FL

Zip Code
33056-3035

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 : VSG8M9VMX
Amount of Each Disbursement this Period

1215.00

Memo Item

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

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

130663.36

[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. 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
City Cambridge	State MA	Zip Code 02138-6830
Purpose of Disbursement Communications Consulting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 15000.00
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. 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
City Washington	State DC	Zip Code 20001-7615
Purpose of Disbursement Reimbursement - Travel		Category/Type 002
Candidate Name		Amount of Each Disbursement this Period 267.76
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) C. 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
Purpose of Disbursement Project Management Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
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)..... ▶

15767.76

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. 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 500.00
Purpose of Disbursement Project Management 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) B. Asian Journal Publications		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 3700 W Desert Inn Rd Ste A		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VQ7.	
City Las Vegas	State NV	Zip Code 89102-8377	Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement Newspaper Advertisement, IE Disclosed on Schedule E		Category/Type 004	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. ASIAN PACIFIC AMERICANS FOR PROGRESS PAC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 215 S Santa Fe Ave Apt 3		FEC Identification Number C C00447235 Transaction ID : VSH7WEG65	
City Los Angeles	State CA	Zip Code 90012-4350	Amount of Each Disbursement this Period 987.02 * In-Kind Received
Purpose of Disbursement Staff Salaries and Benefits		Category/Type	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).....▶	-512.98
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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKCI
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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

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. Battle Born Progress

Mailing Address 2657 Windmill Pkwy
619

City
Henderson

State
NV

Zip Code
89074-3384

Purpose of Disbursement
Communications Consulting Services

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)

C. Bauman, Brad, , ,

Mailing Address 1030 15Th St NW
Ste 180

City
Washington

State
DC

Zip Code
20005-1503

Purpose of Disbursement
Reimbursement - Travel, 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 : VSG8M9VMS
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. Avis		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 7135 Gilespie St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period [REDACTED] 1179.58
City Las Vegas	State NV	Zip Code 89119-4267
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. Elara Hilton Grand Vacations		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 80 E Harmon Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period [REDACTED] 1520.21
City Las Vegas	State NV	Zip Code 89109-4539
Purpose of Disbursement Lodging	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) C. Bauman, Brad, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 15Th St NW Ste 180		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMS Amount of Each Disbursement this Period [REDACTED] 980.82
City Washington	State DC	Zip Code 20005-1503
Purpose of Disbursement Reimb. - Food for Event, Travel, Event Supplies	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

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 980.82
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. Best Buy

Mailing Address 3100 14Th St NW
NW

City Washington State DC Zip Code 20010-2415

Purpose of Disbursement Event Supplies Category/Type 007

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 : VSG8M9VMT
Amount of Each Disbursement this Period
32.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Canyon Coach Lines

Mailing Address 3525 W Hacienda Ave

City Las Vegas State NV Zip Code 89118-1730

Purpose of Disbursement Travel Category/Type 002

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 : VSG8M9VMT
Amount of Each Disbursement this Period
556.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Little Caesar's

Mailing Address 1360 W Cheyenne Ave

City North Las Vegas State NV Zip Code 89030-7833

Purpose of Disbursement Food for Event Category/Type 007

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 : VSG8M9VMT
Amount of Each Disbursement this Period
270.38

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. Beverly Crawford Ministries

Mailing Address 3015 NE 15Th St

City Gainesville State FL Zip Code 32609-3166

Purpose of Disbursement Event Speaking Fee
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 / 21 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9VKS**
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Blanco, Artie, , ,

Mailing Address 9342 Summer Rain Dr.

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement Reimb. - Food/Beverage, Office Equipment, Advertising
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 / 24 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9VMK**
Amount of Each Disbursement this Period
992.67

Memo Item

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

Mailing Address 3100 14Th St NW
NW

City Washington State DC Zip Code 20010-2415

Purpose of Disbursement Office Equipment
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 / 24 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9VMK**
Amount of Each Disbursement this Period
367.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **2492.67**

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. Costco		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 222 S Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 212.80
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		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1 Hacker Way		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 254.40
City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Disbursement Digital Advertising - Recruitment	Category/Type 004	
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) C. Blanco, Artie, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 9342 Summer Rain Dr.		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMK Amount of Each Disbursement this Period [REDACTED] 1972.34
City Las Vegas	State NV	Zip Code 89134
Purpose of Disbursement Reimb. - Office Supplies, Food/Beverage, Postage, Travel	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		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1972.34
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. Costco

Mailing Address 222 S Martin L King Blvd

City Las Vegas State NV Zip Code 89106-4305

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

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
870.20

Memo Item

Full Name (Last, First, Middle Initial)

B. CVS Pharmacy

Mailing Address 1426 West Lake Mead

City Las Vegas State NV Zip Code 89106-2431

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

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
188.42

Memo Item

Full Name (Last, First, Middle Initial)

C. National Car Rental

Mailing Address 4000 International Ln

City Madison State WI Zip Code 53704-3134

Purpose of Disbursement Travel
Candidate Name
Category/Type **002**

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
10 / 31 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period
52.53

Memo Item

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

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

0.00

**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

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMM

Amount of Each Disbursement this Period: 64.87

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMK

Amount of Each Disbursement this Period: 27.94

Memo Item

C. 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 Reimbursement - 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 : VSG8M9VMK

Amount of Each Disbursement this Period: 486.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 486.78

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. Costco

Mailing Address 222 S Martin L King Blvd

City Las Vegas State NV Zip Code 89106-4305

Purpose of Disbursement
Food/Beverage

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 : VSG8M9VMK
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research 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 : VSG8M9VKCI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BlueLabs, LLC

Mailing Address 700 14Th St NW
Frnt 2

City Washington State DC Zip Code 20005-2016

Purpose of Disbursement
Research 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 : 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. 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
Purpose of Disbursement Research Services		<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. 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 : VSG8M9VKCI Amount of Each Disbursement this Period 7000.00
City Washington	State DC	Zip Code 20005-2016
Purpose of Disbursement Research Services		<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. 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		<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).....▶	12161.69
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
Travel Expenses

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 : VSG8M9VMN
Amount of Each Disbursement this Period

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
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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VMN
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bridgestreet Corporate Housing

Mailing Address 11180 Sunrise Valley Dr
Ste 400

City Reston State VA Zip Code 20191-4367

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

/ /

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

Full Name (Last, First, Middle Initial) A. Bright House Networks		Date of Disbursement MM / DD / YYYY 10 / 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	Category/ Type 001
Purpose of Disbursement Utilities			
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 28.08	
City Tampa	State FL	Zip Code 33631-3710	Category/ Type 001
Purpose of Disbursement Utilities			
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. 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	Category/ Type 001
Purpose of Disbursement Utilities			
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).....▶	426.64
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. Broadway Social

Full Name (Last, First, Middle Initial)

Mailing Address 217 Broadway

City Bethlehem State PA Zip Code 18015-1507

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 : VSG8M9VKC

Amount of Each Disbursement this Period: 378.00

Memo Item

B. BSD 18 LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2618 NE 191St St

City Miami State FL Zip Code 33180-2632

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 : VSG8M9VKC

Amount of Each Disbursement this Period: 1850.00

Memo Item

C. BSD 18 LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2618 NE 191St St

City Miami State FL Zip Code 33180-2632

Purpose of Disbursement Rent

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 : VSG8M9VKC

Amount of Each Disbursement this Period: 2590.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4818.00

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. Caesars Party Rentals		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 275 Boulder Hwy #14		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period [REDACTED] -520.00
City Las Vegas	State NV	Zip Code 89122
Purpose of Disbursement Voided Check from 10/18/2016		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) B. 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 : VSG8M9VKS1 Amount of Each Disbursement this Period [REDACTED] 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:		

Full Name (Last, First, Middle Initial) C. 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 [REDACTED] 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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1190.00
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

A. Campaign Associates, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 223250

City Hollywood State FL Zip Code 33022-3250

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: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMT

Amount of Each Disbursement this Period: 4343.28

Memo Item

B. Campaign Associates, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 223250

City Hollywood State FL Zip Code 33022-3250

Purpose of Disbursement Printing - Stickers, No Express Advocacy

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 : VSG8M9VMT!

Amount of Each Disbursement this Period: 698.70

Memo Item

C. Carmi Family Restaurant

Full Name (Last, First, Middle Initial)

Mailing Address 917 Western Ave

City Pittsburgh State PA Zip Code 15233-1717

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 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period: 439.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5481.34

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. Catalyst

Full Name (Last, First, Middle Initial)

Mailing Address 1090 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-4966

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 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 22805.00

Memo Item

B. Catalyst

Full Name (Last, First, Middle Initial)

Mailing Address 1090 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-4966

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 : VSG8M9VKC

Amount of Each Disbursement this Period: 12376.16

Memo Item

C. Centaur North Strategies

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1474

City Whittier State CA Zip Code 90609-1474

Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E

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 : VSG8M9VQ7

Amount of Each Disbursement this Period: -6614.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 28566.76

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. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Transaction ID : VSG8M9VQ7I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -9921.60
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. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Transaction ID : VSG8M9VQ7I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -1477.31
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. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED]
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		Category/Type 004
Candidate Name		Transaction ID : VSG8M9VQ7I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -2462.20
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)..... ▶

-13861.11

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. Centaur North Strategies		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 1474		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VQ7I Amount of Each Disbursement this Period [REDACTED] -5909.27
City Whittier	State CA	Zip Code 90609-1474
Purpose of Disbursement Printing - Direct Mail, IE Disclosed on Schedule E		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. 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 [REDACTED] 5000.00
City Charlotte	State NC	Zip Code 28216-2320
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. 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 [REDACTED] 138.12
City Milwaukee	State WI	Zip Code 53201-3019
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)..... ▶

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

[REDACTED] -771.15
[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		Date of Disbursement MM / DD / YYYY 10 / 27 / 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 102.60
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. 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		Category/ Type 001
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:		

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 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:		

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

309.83

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

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 : VSG8M9VKD!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chipotle

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement
Food/Beverage

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 : VSG8M9VKD!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chipotle

Mailing Address 1401 Wynkoop St
Ste 500

City Denver State CO Zip Code 80202-1729

Purpose of Disbursement
Food/Beverage

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 : VSG8M9VKD!
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. 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 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:	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 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:	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 119.66
Office Sought: <input type="checkbox"/> 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)..... ▶

357.00

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

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

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: 119.78

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKDI

Amount of Each Disbursement this Period: 119.78

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

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: 162.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 401.82

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. 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 162.26
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) ▼	<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 : VSG8M9VKDI
City Denver	State CO	Zip Code 80202-1729
Purpose of Disbursement Food/Beverage		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 163.02
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Christ And Saint Ambrose Episcopal Church		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 3552 N 6Th St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VJS
City Philadelphia	State PA	Zip Code 19140-4506
Purpose of Disbursement Voided Check from 9/28/2016		Category/Type 007
Candidate Name		Amount of Each Disbursement this Period -341.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	-15.72
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

A. Christ And Saint Ambrose Episcopal Church

Full Name (Last, First, Middle Initial)

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

Purpose of Disbursement Rent

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 : VSG8M9VKD

Amount of Each Disbursement this Period: 341.00

Memo Item

B. Christ And Saint Ambrose Episcopal Church

Full Name (Last, First, Middle Initial)

Mailing Address 3552 N 6Th St

City Philadelphia State PA Zip Code 19140-4506

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 : VSG8M9VKDI

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Coleman, Edward, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 759 Princeton PI NW

City Washington State DC Zip Code 20010-1606

Purpose of Disbursement Data Analysis 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: 6500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7341.00

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. Columbus Hospitality, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 33 E Nationwide Blvd

City Columbus State OH Zip Code 43215-2512

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 : VSG8M9VKD

Amount of Each Disbursement this Period: 2700.00

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: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKDI

Amount of Each Disbursement this Period: 341.40

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 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKD

Amount of Each Disbursement this Period: 799.55

Memo Item

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

3840.95

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

Full Name (Last, First, Middle Initial) A. 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		Amount of Each Disbursement this Period [REDACTED] 165.95
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 001	

Full Name (Last, First, Middle Initial) B. 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 : VSG8M9VKDI
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications Services		Amount of Each Disbursement this Period [REDACTED] 394.97
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 001	

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		Amount of Each Disbursement this Period [REDACTED] 551.59
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 001	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1112.51
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 11 / 21 / 2016
Mailing Address One Comcast Center 1701 JFK Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD Amount of Each Disbursement this Period [REDACTED] 719.05
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Telecommunications 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. 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 [REDACTED] 1263.30
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. 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 [REDACTED] 881.94
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications 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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2864.29
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. 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
City Atlanta	State GA	Zip Code 30328-4524
Purpose of Disbursement Telecommunications Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 300.47
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) B. CRI Digital		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 4800 Evanswood Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Columbus	State OH	Zip Code 43229-6207
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 2500.00
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. Crossroads Land Company		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 333 S Main St Ste 207		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKD
City Akron	State OH	Zip Code 44308-1202
Purpose of Disbursement Rent		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 900.00
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)..... ▶

3700.47

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. Data Farm Consulting, LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 38700.36	
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 10 / 31 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 4835.50	
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 / 02 / 2016	
Mailing Address 12932 W Glacier Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 6250.00	
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)..... ▶

49785.86

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

A. 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: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period: 9315.29

Memo Item

B. 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: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period: 3592.65

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: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE!

Amount of Each Disbursement this Period: 2562.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15470.34

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. Data Farm Consulting, LLC

Mailing Address 12932 W Glacier Dr

City
Evansville

State
WI

Zip Code
53536-9389

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			22			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKEI
Amount of Each Disbursement this Period

3384.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dave's Supermarket

Mailing Address 3301 Payne Ave

City
Cleveland

State
OH

Zip Code
44114-4313

Purpose of Disbursement
Food 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			02			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKTf
Amount of Each Disbursement this Period

5200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Davis, Malcolm, , ,

Mailing Address 3139 NW 49Th Street,

City
Miami

State
FL

Zip Code
33142-3420

Purpose of Disbursement
DJ Services 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
Transaction ID : VSG8M9VMX
Amount of Each Disbursement this Period

500.00

Memo Item

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

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

9084.00

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

A. 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 : VSG8M9VKVI

Amount of Each Disbursement this Period: 576.20

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: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 530.70

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: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 144.10

Memo Item

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

1251.00

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. 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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 116.60

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 647.20

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: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKVI

Amount of Each Disbursement this Period: 1198.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1962.50

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. Delta		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED]
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKV	
Office Sought: <input type="checkbox"/> 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 1198.70
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]
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKV	
Office Sought: <input type="checkbox"/> 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 1198.70
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED]
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKV	
Office Sought: <input type="checkbox"/> 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 649.20
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3046.60
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. Delta		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period 1048.70
City Atlanta	State GA	
Zip Code 30354-1989		Memo Item <input type="checkbox"/>
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) ▼	

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

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

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

1602.54

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. Dhir, Nimit, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2140 E Pebble Rd Ste 260		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period [REDACTED] 814.59
City Las Vegas	State NV	Zip Code 89123-3237
Purpose of Disbursement Reimb. - Food for Event, Travel		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. Lee's Sandwiches		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 3989 Spring Mountain Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period [REDACTED] 357.75
City Las Vegas	State NV	Zip Code 89102-8613
Purpose of Disbursement Food for Event		Category/ Type 007
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. 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 : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 62.24
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)..... ▶

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

[REDACTED] 876.83
[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]	
City Ann Arbor	State MI	Zip Code 48105-9757	Transaction ID : VSG8M9VKF/
Purpose of Disbursement Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 93.60
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED]	
City Ann Arbor	State MI	Zip Code 48105-9757	Transaction ID : VSG8M9VKF/
Purpose of Disbursement Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 137.80
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. Domino's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED]	
City Ann Arbor	State MI	Zip Code 48105-9757	Transaction ID : VSG8M9VKF/
Purpose of Disbursement Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 167.06
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).....▶	398.46
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. 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: _____	

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] 213.86
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] 236.28
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] 619.53
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] 239.80	
City Ann Arbor	State MI	Zip Code 48105-9757	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) ▼		Memo Item <input type="checkbox"/>
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] 255.39	
City Ann Arbor	State MI	Zip Code 48105-9757	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) ▼		Memo Item <input type="checkbox"/>
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] 258.19	
City Ann Arbor	State MI	Zip Code 48105-9757	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) ▼		Memo Item <input type="checkbox"/>
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 753.38
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. 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 81.13
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 / 26 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period 86.57
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 / 26 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF Amount of Each Disbursement this Period 91.35
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)..... ▶

259.05

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

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 : VSG8M9VKFI

Amount of Each Disbursement this Period: 281.67

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 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKEI

Amount of Each Disbursement this Period: 77.37

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 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKFI

Amount of Each Disbursement this Period: 89.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 448.30

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. 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	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) ▼		<input type="checkbox"/> Memo Item
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 [REDACTED] 55.63	
City Ann Arbor	State MI	Zip Code 48105-9757	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) ▼		<input type="checkbox"/> Memo Item
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 [REDACTED] 72.00	
City Ann Arbor	State MI	Zip Code 48105-9757	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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 264.04
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

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
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 72.18
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 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 74.79
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 / 01 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE
City Ann Arbor	State MI	Zip Code 48105-9757
Purpose of Disbursement Food/Beverage	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 75.48
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)..... ▶

222.45

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

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: 83.33

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: 85.79

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: 87.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 256.60

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. 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 : VSG8M9VKF! Amount of Each Disbursement this Period 99.60
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 : VSG8M9VKF! Amount of Each Disbursement this Period 143.86
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 : VSG8M9VKF! Amount of Each Disbursement this Period 207.52
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)..... ▶

450.98

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] 50.63
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) 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] 54.37
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 : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 72.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 177.00
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

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 75.48

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 79.79

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 80.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 235.27

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

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

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKEI

Amount of Each Disbursement this Period

[REDACTED] 85.48

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			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKEI

Amount of Each Disbursement this Period

[REDACTED] 88.33

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			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKEI

Amount of Each Disbursement this Period

[REDACTED] 143.86

Memo Item

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

[REDACTED] 317.67

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKE

Amount of Each Disbursement this Period: 193.20

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 230.99

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF

Amount of Each Disbursement this Period: 276.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 700.82

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. 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	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 : VSG8M9VKEI Amount of Each Disbursement this Period [REDACTED] 50.25
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 11 / 08 / 2016
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE Amount of Each Disbursement this Period [REDACTED] 73.62
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] 446.58

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 / 08 / 2016	
Mailing Address 30 Frank Lloyd Wright Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKE' Amount of Each Disbursement this Period 81.81	
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 : VSG8M9VKF1 Amount of Each Disbursement this Period 89.87	
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 94.32	
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)..... ▶

266.00

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

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 : VSG8M9VKF7

Amount of Each Disbursement this Period: 99.67

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 : VSG8M9VKF7

Amount of Each Disbursement this Period: 100.00

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 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKF7

Amount of Each Disbursement this Period: 129.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 329.16

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. Domino's

Mailing Address 30 Frank Lloyd Wright Dr

City Ann Arbor State MI Zip Code 48105-9757

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 / 08 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period
143.70

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
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 / 08 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period
250.73

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
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 / 08 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VKFI
Amount of Each Disbursement this Period
300.15

Memo Item

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

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

694.58

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 10 / 24 / 2016	
Mailing Address 7595 Rickenbacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF' Amount of Each Disbursement this Period 97.67	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. 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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. 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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

2281.16

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. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 133.22	
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. Duke Energy		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKFz
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 111.16	
Office Sought: <input type="checkbox"/> House <input 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 / 21 / 2016
Mailing Address PO Box 1004		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKF
City Charlotte	State NC	Zip Code 28201-1004
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 44.55	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	288.93
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. Duke Energy

Mailing Address PO Box 1004

City
Charlotte

State
NC

Zip Code
28201-1004

Purpose of Disbursement
Utilities

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			22			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKF'
Amount of Each Disbursement this Period
[REDACTED] 35.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Elkay Property Management

Mailing Address 1669 Edgewood Rd

City
Yardley

State
PA

Zip Code
19067-5571

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
10			25			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG'
Amount of Each Disbursement this Period
[REDACTED] 850.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A-Car

Mailing Address 200 W Beltline Hwy

City
Madison

State
WI

Zip Code
53713-2685

Purpose of Disbursement
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
10			27			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKV
Amount of Each Disbursement this Period
[REDACTED] 20409.14

Memo Item

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

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

21294.74

[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 10 / 27 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX! Amount of Each Disbursement this Period 2362.81
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 / 02 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX! Amount of Each Disbursement this Period 3114.98
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 / 02 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKX! Amount of Each Disbursement this Period 3114.98
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)..... ▶

8592.77

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

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. 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	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 1929.08
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. 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	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 39.11
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. 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	Transaction ID : VSG8M9VKV
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 858.70
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).....▶	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		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 869.95
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 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 869.95
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 / 07 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 869.95
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).....▶	2609.85
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 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:	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				
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 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:	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				
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 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) ▼		Memo Item <input type="checkbox"/>	
State: District:	Category/Type 002			

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

2715.62

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

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 : VSG8M9VKX

Amount of Each Disbursement this Period: 975.72

Memo Item

B. 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 : VSG8M9VKX

Amount of Each Disbursement this Period: 975.72

Memo Item

C. 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 : VSG8M9VKX

Amount of Each Disbursement this Period: 1067.08

Memo Item

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] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 51.48
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:	Category/Type 002	

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] Transaction ID : VSG8M9VKW
City Madison	State WI	Zip Code 53713-2685
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 550.25
Office Sought: <input type="checkbox"/> 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 / 08 / 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 550.25
Office Sought: <input type="checkbox"/> 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).....▶	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 Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
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 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
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 / 09 / 2016
Mailing Address 200 W Beltline Hwy		FEC Identification Number C Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 70.27
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).....▶	210.81
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. 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	Amount of Each Disbursement this Period 70.27
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 / 09 / 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 70.27
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 / 09 / 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 81.52
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).....▶	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				
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 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) ▼		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 / 09 / 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 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) ▼		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 / 09 / 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 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) ▼		Memo Item <input type="checkbox"/>	
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

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 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 913.34

Memo Item

B. 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 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 913.34

Memo Item

C. 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 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKW

Amount of Each Disbursement this Period: 913.34

Memo Item

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 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 Transaction ID : VSG8M9VKW Amount of Each Disbursement this Period 917.08
City Madison	State WI	
Zip Code 53713-2685		Memo Item <input type="checkbox"/>
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) ▼	

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		Memo Item <input type="checkbox"/>
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) ▼	

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		Memo Item <input type="checkbox"/>
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) ▼	

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	Amount of Each Disbursement this Period [REDACTED] 917.08	
Purpose of Disbursement Travel		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. 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 [REDACTED] 937.08	
Purpose of Disbursement Travel		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. 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 [REDACTED] 940.22	
Purpose of Disbursement Travel		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)..... ▶

2794.38

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

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 988.34
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 [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 988.34
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 [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 988.34
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).....▶	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 M M / D D / Y Y Y Y Y Y 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		Category/ Type 002	Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period [REDACTED] 1260.46	
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. Enterprise Rent-A-Car			Date of Disbursement M M / D D / Y Y Y Y Y Y 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		Category/ Type 002	Transaction ID : VSG8M9VKX/ Amount of Each Disbursement this Period [REDACTED] 2661.45	
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. Enterprise Rent-A-Car			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 14 / 2016	
Mailing Address 200 W Beltline Hwy				
City Madison	State WI	Zip Code 53713-2685	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : VSG8M9VKV Amount of Each Disbursement this Period [REDACTED] 550.25	
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] 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
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 / 16 / 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) 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
Purpose of Disbursement Compliance Services	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 18830.31
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

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
Canvassing Services

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 : VSG8M9VND

Amount of Each Disbursement this Period: 176065.00

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
Canvassing 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 : VSG8M9VNDI

Amount of Each Disbursement this Period: 19671.69

Memo Item

C. Fieldworks LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9897

City Washington State DC Zip Code 20016-8897

Purpose of Disbursement
Canvassing Consulting Services

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 : VSG8M9VNVK

Amount of Each Disbursement this Period: 42500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 238236.69

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. Fieldworks LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address PO Box 9897		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNK Amount of Each Disbursement this Period 294802.10
City Washington	State DC	Zip Code 20016-8897
Purpose of Disbursement Canvassing 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. Fieldworks LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address PO Box 9897		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNK Amount of Each Disbursement this Period 45768.72
City Washington	State DC	Zip Code 20016-8897
Purpose of Disbursement Canvassing 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. Fieldworks LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address PO Box 9897		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNK Amount of Each Disbursement this Period 5551.84
City Washington	State DC	Zip Code 20016-8897
Purpose of Disbursement Canvassing 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)..... ▶

346122.66

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. Fieldworks LLC

Mailing Address PO Box 9897

City
Washington

State
DC

Zip Code
20016-8897

Purpose of Disbursement
Canvassing 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			31			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VNK
Amount of Each Disbursement this Period
[REDACTED] 225255.97

Memo Item

Full Name (Last, First, Middle Initial)

B. Florida Renaissance Corp.

Mailing Address 128 E Colonial Dr

City
Orlando

State
FL

Zip Code
32801-1234

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
10			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG:
Amount of Each Disbursement this Period
[REDACTED] 1739.69

Memo Item

Full Name (Last, First, Middle Initial)

C. For Our Future Action Fund

Mailing Address 888 16Th St NW
Ste 650

City
Washington

State
DC

Zip Code
20006-4112

Purpose of Disbursement
Salary and Benefits

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 : VSG8M9VNM
Amount of Each Disbursement this Period
[REDACTED] 489639.40

Memo Item

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

716635.06

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. For Our Future Action Fund		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 888 16Th St NW Ste 650		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP Amount of Each Disbursement this Period 382514.00
City Washington	State DC	Zip Code 20006-4112
Purpose of Disbursement Salary and Benefits		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. Full Circle Production Team		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 6659 N Bourbon St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 2250.00
City Milwaukee	State WI	Zip Code 53224-5151
Purpose of Disbursement Event Production Services		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. Full Circle Production Team		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 6659 N Bourbon St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 2250.00
City Milwaukee	State WI	Zip Code 53224-5151
Purpose of Disbursement Event Production Services		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).....▶	387014.00
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. Full Circle Production Team

Mailing Address 6659 N Bourbon St

City
Milwaukee

State
WI

Zip Code
53224-5151

Purpose of Disbursement
Event Production Services

007

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
1	1			2	1			2	0	1	6		

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKS
 Amount of Each Disbursement this Period
 [REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gamez-Jimenez, Blanca, , ,

Mailing Address 1651 Serenada Ave

City
Las Vegas

State
NV

Zip Code
89169-2508

Purpose of Disbursement
Travel

002

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
1	1			2	8			2	0	1	6		

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMM
 Amount of Each Disbursement this Period
 [REDACTED] 210.00

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

002

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
1	1			2	8			2	0	1	6		

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMM
 Amount of Each Disbursement this Period
 [REDACTED] 210.00

Memo Item

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

[REDACTED]	3210.00
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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

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

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

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
[REDACTED] 131.16

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
[REDACTED] 880.16

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

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

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
[REDACTED] 12184.15

Memo Item

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

[REDACTED]	13195.47
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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

Full Name (Last, First, Middle Initial) A. GM Networking, LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 309 N Royal St		FEC Identification Number C [REDACTED]
City Alexandria	State VA	Zip Code 22314-2628
Purpose of Disbursement Event Planning Services		Category/Type 007
Candidate Name		Transaction ID : VSG8M9VKT: Amount of Each Disbursement this Period 3273.70
Office Sought: <input type="checkbox"/> 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. Goldman, Jerrold, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 3005 W Capitol Dr Apt 1		FEC Identification Number C [REDACTED]
City Milwaukee	State WI	Zip Code 53216-2655
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Transaction ID : VSG8M9VMW: Amount of Each Disbursement this Period 1750.00
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. Goldman, Jerrold, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 3005 W Capitol Dr Apt 1		FEC Identification Number C [REDACTED]
City Milwaukee	State WI	Zip Code 53216-2655
Purpose of Disbursement Field Consulting Services		Category/Type 001
Candidate Name		Transaction ID : VSG8M9VMW: Amount of Each Disbursement this Period 1750.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	6773.70
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. Goldman, Jerrold, , ,			Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address 3005 W Capitol Dr Apt 1			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW	
City Milwaukee	State WI	Zip Code 53216-2655	Amount of Each Disbursement this Period 1950.00	
Purpose of Disbursement Field 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) B. 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 : VSG8M9VKGi	
City Columbus	State OH	Zip Code 43215-3413	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Subscription		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. Grassroots Campaigns, Inc.			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address PO Box 120557			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP	
City Boston	State MA	Zip Code 02112-0557	Amount of Each Disbursement this Period -60022.22	
Purpose of Disbursement Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule F		Category/ Type 004	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).....▶	-57822.22
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. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -60022.22

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -17205.17

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -17205.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ -94432.56

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. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP Amount of Each Disbursement this Period -16056.39
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E Candidate Name		004 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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP Amount of Each Disbursement this Period -5352.13
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E Candidate Name		004 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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNP Amount of Each Disbursement this Period -4144.48
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/20-10/23 As Disclosed on Schedule E Candidate Name		004 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 type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	-25553.00
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. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City
Boston

State
MA

Zip Code
02112-0557

Purpose of Disbursement
Canvassing 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			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VNQ

Amount of Each Disbursement this Period

[REDACTED] 7597.16

Memo Item

Full Name (Last, First, Middle Initial)

B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City
Boston

State
MA

Zip Code
02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

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 : VSG8M9VNP

Amount of Each Disbursement this Period

[REDACTED] -12526.69

Memo Item

Full Name (Last, First, Middle Initial)

C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City
Boston

State
MA

Zip Code
02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

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 : VSG8M9VNP

Amount of Each Disbursement this Period

[REDACTED] -43601.81

Memo Item

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

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

[REDACTED] -48531.34

[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. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED]
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E		004
Candidate Name		Transaction ID : VSG8M9VNP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -43601.81
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. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED]
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E		004
Candidate Name		Transaction ID : VSG8M9VNP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -10274.01
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. Grassroots Campaigns, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 120557		FEC Identification Number C [REDACTED]
City Boston	State MA	Zip Code 02112-0557
Purpose of Disbursement Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E		004
Candidate Name		Transaction ID : VSG8M9VNP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period -30822.04
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).....▶	-84697.86
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. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -125793.92

Memo Item

Full Name (Last, First, Middle Initial)
B. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Actual Cost for Canvassing Services from 10/24-10/30 As Disclosed on Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNP

Amount of Each Disbursement this Period: -125793.92

Memo Item

Full Name (Last, First, Middle Initial)
C. Grassroots Campaigns, Inc.

Mailing Address PO Box 120557

City Boston State MA Zip Code 02112-0557

Purpose of Disbursement
Canvassing Consulting Services

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 : VSG8M9VNC

Amount of Each Disbursement this Period: 324017.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 72429.40

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. 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		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. 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		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. Gritz Cafe		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1911 Stella Lake St # 150		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1621.50
City Las Vegas	State NV	Zip Code 89106-2142
Purpose of Disbursement Catering for Event		007 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).....▶	2846.50
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. GRSG Company		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNQ
City Washington	State DC	Zip Code 20006-5813
Purpose of Disbursement Canvassing Consulting Services		Amount of Each Disbursement this Period 87565.00
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 001	

Full Name (Last, First, Middle Initial) B. Hamill, Joe, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 4120 N Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW
City North Las Vegas	State NV	Zip Code 89032-0297
Purpose of Disbursement Reimbursement - Office Supplies		Amount of Each Disbursement this Period 168.62
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 001	

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 : VSG8M9VMW
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 168.62
Candidate Name		<input checked="" 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 001	

SUBTOTAL of Disbursements This Page (optional).....▶	87733.62
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. Hamill, Joe, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 4120 N Martin L King Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 160.29
City North Las Vegas	State NV	Zip Code 89032-0297
Purpose of Disbursement Reimbursement - 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. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMW Amount of Each Disbursement this Period [REDACTED] 117.81
City Boca Raton	State FL	Zip Code 33496-2434
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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Harcar Investments LLC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 4744 Rushwood Cir		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period [REDACTED] 600.00
City Englewood	State OH	Zip Code 45322-3612
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 760.29
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. Harland Clarke

Full Name (Last, First, Middle Initial)

Mailing Address 15955 La Cantera Pkwy

City San Antonio State TX Zip Code 78256-2589

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 : VSG8M9VKG

Amount of Each Disbursement this Period: 194.70

Memo Item

B. Hegwood, Zarkey, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6659 N Bourbon St

City Milwaukee State WI Zip Code 53224-5151

Purpose of Disbursement Reimbursement - Office Equipment

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 : VSG8M9VNCI

Amount of Each Disbursement this Period: 375.60

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 Equipment

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 : VSG8M9VNC

Amount of Each Disbursement this Period: 375.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 570.30

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. Higher Heights For America

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

Mailing Address 147 Prince St
Ste 12

City Brooklyn State NY Zip Code 11201-3007

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
5000.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Hilltop Public Solutions

Date of Disbursement

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

Mailing Address 3000 K St NW
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement
Communications Consulting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
18276.97

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Hirestrategy

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

Mailing Address 7076 Solutions Ctr

City Chicago State IL Zip Code 60677-7000

Purpose of Disbursement
Payroll - Temp Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period
1414.38

Candidate Name

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

Memo Item

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

24691.35

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. 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	Category/ Type 001
Purpose of Disbursement Payroll - Temp 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. 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 785.00	
City Chicago	State IL	Zip Code 60677-7000	Category/ Type 001
Purpose of Disbursement Payroll - Temp 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) C. 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 755.00	
City Chicago	State IL	Zip Code 60677-7000	Category/ Type 001
Purpose of Disbursement Payroll - Temp 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	2180.00
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. 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 740.00
City Chicago	State IL	Zip Code 60677-7000
Purpose of Disbursement Payroll - Temp 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. Hirestrategy		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 7076 Solutions Ctr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 765.00
City Chicago	State IL	Zip Code 60677-7000
Purpose of Disbursement Payroll - Temp 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. Hofer, Devin, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 13330 W Bluemound Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT Amount of Each Disbursement this Period 1500.00
City Elm Grove	State WI	Zip Code 53122-2536
Purpose of Disbursement Field Consulting 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).....▶	3005.00
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, , ,

Mailing Address 13330 W Bluemound Rd

City
Elm Grove

State
WI

Zip Code
53122-2536

Purpose of Disbursement
Field 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
11			14			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period
[REDACTED] 1500.00

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

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			21			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMT.
Amount of Each Disbursement this Period
[REDACTED] 1700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Holiday Inn Capitol Square Columbus

Mailing Address 175 E Town St

City
Columbus

State
OH

Zip Code
43215-4609

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			17			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period
[REDACTED] 799.22

Memo Item

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

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

3999.22

[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. 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: _____	

Full Name (Last, First, Middle Initial) B. Holloway, Linda, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1525 NW 167Th,		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 300.00
City Miami Gardens	State FL	Zip Code 33056
Purpose of Disbursement Event Planning Services		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. Holstein, Greg, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 927 Fairfax St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV Amount of Each Disbursement this Period 495.00
City Altoona	State WI	Zip Code 54720-1166
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)..... ▶

10053.66

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. Holy Ghost Cafe And Grill

Mailing Address 2427 Olson Ln

City Jacksonville

State FL

Zip Code 32210-3568

Purpose of Disbursement Food for Event

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 / 24 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKT!

Amount of Each Disbursement this Period

[Redacted] 1658.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKXI

Amount of Each Disbursement this Period

[Redacted] 12029.47

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

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKG

Amount of Each Disbursement this Period

[Redacted] 3168.00

Memo Item

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

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

[Redacted] 16855.47

[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. Horny Goat Marina, LLC		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1933 S 1St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKG Amount of Each Disbursement this Period 100.32	
City Milwaukee	State WI	Zip Code 53204-4006	Category/Type 001
Purpose of Disbursement Parking		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. Hotels.Com		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 5400 Lbj Fwy Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKX Amount of Each Disbursement this Period 417.50	
City Dallas	State TX	Zip Code 75240-1019	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. Hotels.Com		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 5400 Lbj Fwy Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 1282.32	
City Dallas	State TX	Zip Code 75240-1019	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		

SUBTOTAL of Disbursements This Page (optional).....▶	1800.14
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

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
10			24			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

[REDACTED] 121.61

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

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 : VSG8M9VKY
Amount of Each Disbursement this Period

[REDACTED] 1912.73

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

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 : VSG8M9VKX
Amount of Each Disbursement this Period

[REDACTED] 403.79

Memo Item

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

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

[REDACTED] 2438.13

[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. 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: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY!

Amount of Each Disbursement this Period: 739.71

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: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY!

Amount of Each Disbursement this Period: 1129.33

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: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKX

Amount of Each Disbursement this Period: 437.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2306.58

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

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKY1
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
Disbursement For: Primary General Other (specify) ▼

State: District:

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

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
10			28			2016			

FEC Identification Number

C

Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period

388.53

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

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

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

871.23

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

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 : VSG8M9VKX
Amount of Each Disbursement this Period

718.10

Memo Item

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

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

1977.86

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

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

FOR LINE NUMBER:
(check only one)

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

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 : 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
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

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: MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period: 123.62

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
11 / 03 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKYI
Amount of Each Disbursement this Period: 2748.78

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
11 / 04 / 2016

FEC Identification Number: C
Transaction ID : VSG8M9VKX
Amount of Each Disbursement this Period: 122.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2995.34

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKX/
Amount of Each Disbursement this Period

458.13

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

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 : VSG8M9VKY/
Amount of Each Disbursement this Period

2138.80

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

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 : VSG8M9VKX/
Amount of Each Disbursement this Period

640.60

Memo Item

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

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

3237.53

[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. 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
1024.96

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 : VSG8M9VKXI
Amount of Each Disbursement this Period
378.25

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKG
Amount of Each Disbursement this Period
6800.00

Memo Item

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

8203.21

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. 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 / 21 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
59518.00

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
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)
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 / 02 / 2016

FEC Identification Number
C
Transaction ID : VSG8M9VNC
Amount of Each Disbursement this Period
7007.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 181525.00

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. Hustle, Inc.

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2016

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) ▼

FEC Identification Number: **C**
Transaction ID: **VSG8M9VNC**
Amount of Each Disbursement this Period: 15000.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Hustle, Inc.

Date of Disbursement: MM / DD / YYYY
11 / 22 / 2016

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) ▼

FEC Identification Number: **C**
Transaction ID: **VSG8M9VNC**
Amount of Each Disbursement this Period: 11625.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Image Plus Graphics, Inc.

Date of Disbursement: MM / DD / YYYY
10 / 21 / 2016

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) ▼

FEC Identification Number: **C**
Transaction ID: **VSG8M9VMV**
Amount of Each Disbursement this Period: 1830.77
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 28455.77

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. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City North Miami	State FL	Zip Code 33161-4424	Amount of Each Disbursement this Period [REDACTED] 323.14
Purpose of Disbursement Printing - Placards, No Express Advocacy		Category/ Type 004	<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. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City North Miami	State FL	Zip Code 33161-4424	Amount of Each Disbursement this Period [REDACTED] 7630.17
Purpose of Disbursement Printing - T-Shirts, No Express Advocacy		Category/ Type 004	<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. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 1440 NE 131St St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City North Miami	State FL	Zip Code 33161-4424	Amount of Each Disbursement this Period [REDACTED] 6075.46
Purpose of Disbursement Printing - Tote Bags and Palm Cards, No Express Advocacy		Category/ Type 004	<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)..... ▶

14028.77

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. 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

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 - 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 [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 1286.51

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 - 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 [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 446.91

Memo Item

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

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

[REDACTED] 2184.81

[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
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 [REDACTED]

Transaction ID : VSG8M9VMV
Amount of Each Disbursement this Period

[REDACTED] 4684.32

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
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)

C. 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

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

[REDACTED] 5618.43

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. Impact Office Supplies

Mailing Address 6800 Distribution Dr

City Beltsville State MD Zip Code 20705-1400

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 : VSG8M9VKG
Amount of Each Disbursement this Period

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

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 : VSG8M9VMV'
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

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 : VSG8M9VMV'
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. Jacksonville Bounce House Rentals

Full Name (Last, First, Middle Initial)

Mailing Address 8725 Youngerman Ct Ste 111

City Jacksonville State FL Zip Code 32244-6692

Purpose of Disbursement Event Equipment Rental

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 : VSG8M9VKT

Amount of Each Disbursement this Period: 779.17

Memo Item

B. James Hoyer PA

Full Name (Last, First, Middle Initial)

Mailing Address 4830 W Kennedy Blvd Ste 550

City Tampa State FL Zip Code 33609-2589

Purpose of Disbursement Legal 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 : VSG8M9VKG'

Amount of Each Disbursement this Period: 22500.00

Memo Item

C. JEA

Full Name (Last, First, Middle Initial)

Mailing Address 21 W Church St

City Jacksonville State FL Zip Code 32202-3155

Purpose of Disbursement Utilities

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 : VSG8M9VKG

Amount of Each Disbursement this Period: 553.46

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23832.63

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. JetBlue		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2701 Queens Plz N		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period [REDACTED] 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:		

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 [REDACTED] 212.10
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) C. 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 [REDACTED] 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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 708.40
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

A. JJG Consulting, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 3701 Bradley Ln

City Chevy Chase State MD Zip Code 20815-4271

Purpose of Disbursement PAC Management 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 : VSG8M9VKG
Amount of Each Disbursement this Period: 10000.00

Memo Item

B. JLee Strategies, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 5750 Parkview Lake Dr

City Orlando State FL Zip Code 32821-5506

Purpose of Disbursement Political Strategy Consulting Services
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 : VSG8M9VKS!
Amount of Each Disbursement this Period: 1010.86

Memo Item

C. JLee Strategies, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 5750 Parkview Lake Dr

City Orlando State FL Zip Code 32821-5506

Purpose of Disbursement Political Strategy 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 : VSG8M9VKS!
Amount of Each Disbursement this Period: 12000.00

Memo Item

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

23010.86

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. JLee Strategies, LLC		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 5750 Parkview Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 1466.96
City Orlando	State FL	Zip Code 32821-5506
Purpose of Disbursement Political Strategy 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. Jocelin, Donald, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 5220 Sunridge Palms Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMTI Amount of Each Disbursement this Period 300.00
City Tampa	State FL	Zip Code 33617-1438
Purpose of Disbursement DJ Services 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:		

Full Name (Last, First, Middle Initial) C. Jordan And Jordan		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address Address Requested		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 350.00
City	State	Zip Code
Purpose of Disbursement Event Planning Services		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)..... ▶

2116.96

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. JVA Campaigns LLC		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 240 N 5Th St Ste 360		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMX Amount of Each Disbursement this Period 1978.00
City Columbus	State OH	Zip Code 43215-2600
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) B. 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 Amount of Each Disbursement this Period 311.04
City Philadelphia	State PA	Zip Code 19143-3106
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:		

Full Name (Last, First, Middle Initial) C. 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 Amount of Each Disbursement this Period 600.00
City La Crosse	State WI	Zip Code 54601-6922
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)..... ▶

2889.04

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

A. Kotchmar, Rich, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 667 S Mountain Rd

City New City State NY Zip Code 10956-5709

Purpose of Disbursement Reimbursement - Mileage, Parking, 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: 4567.48

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: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1/

Amount of Each Disbursement this Period: 864.00

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: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VN1/

Amount of Each Disbursement this Period: 1907.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4567.48

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. Las Vegas Chinese Daily News

Mailing Address 4215 Spring Mountain Rd
Ste B206A

City Las Vegas State NV Zip Code 89102-8747

Purpose of Disbursement Newspaper Advertisement as Disclosed on Schedule E
Category/Type **004**

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
10 / 21 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9W4A**
Amount of Each Disbursement this Period
-900.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Las Vegas Chinese Daily News

Mailing Address 4215 Spring Mountain Rd
Ste B206A

City Las Vegas State NV Zip Code 89102-8747

Purpose of Disbursement Newspaper Advertisement as Disclosed on Schedule E
Category/Type **004**

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
10 / 28 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9W4A**
Amount of Each Disbursement this Period
-900.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Las Vegas Chinese Daily News

Mailing Address 4215 Spring Mountain Rd
Ste B206A

City Las Vegas State NV Zip Code 89102-8747

Purpose of Disbursement Newspaper Advertisement as Disclosed on Schedule E
Category/Type **004**

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

FEC Identification Number
C
Transaction ID : **VSG8M9W4A**
Amount of Each Disbursement this Period
-450.00

Memo Item

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

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

-2250.00

**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. Las Vegas Chinese Daily News

Mailing Address 4215 Spring Mountain Rd
Ste B206A

City Las Vegas State NV Zip Code 89102-8747

Purpose of Disbursement
Newspaper Advertisement as Disclosed on Schedule E

001
 002
 003
 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 Y Y
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9W4A
Amount of Each Disbursement this Period
-450.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 Y Y
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period
109.85

Memo Item

Full Name (Last, First, Middle Initial)

C. 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 Y Y
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period
199.91

Memo Item

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

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

-140.24

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Lee, Camden, , ,			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 4072 N Sheridan Rd Apt GD			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMT	
City Chicago	State IL	Zip Code 60613-5435	Amount of Each Disbursement this Period [REDACTED] 887.00	
Purpose of Disbursement Digital Consulting Services		Category/ Type 004	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. Lee, Jackie, , ,			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 5750 Parkview Lake Dr			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City Orlando	State FL	Zip Code 32821-5506	Amount of Each Disbursement this Period [REDACTED] 849.37	
Purpose of Disbursement Reimbursement - Lodging, Food/Beverage		Category/ Type 001	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. Marriott Courtyard			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 440 Seabreeze Blvd			FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMV	
City Fort Lauderdale	State FL	Zip Code 33316-1622	Amount of Each Disbursement this Period [REDACTED] 800.00	
Purpose of Disbursement Lodging		Category/ Type 002	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)..... ▶

1736.37

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, Jason, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

Purpose of Disbursement Reimb. - Travel, Office Supplies, Event Supplies

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 : VSG8M9VMV

Amount of Each Disbursement this Period: 421.23

Memo Item

B. OfficeMax

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 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 23.73

Memo Item

C. LensRentals

Full Name (Last, First, Middle Initial)

Mailing Address 7730A Trinity Rd, Suite 102

City Cordova State TN Zip Code 38018-2722

Purpose of Disbursement Office Equipment Rental

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 : VSG8M9VKH

Amount of Each Disbursement this Period: 580.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1001.23

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. Lincoln Warehouse Inc.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2018 S 1St St		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53207-1102	Transaction ID : VSG8M9VKH
Purpose of Disbursement Rent		Category/Type 001	Amount of Each Disbursement this Period 1605.00
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) B. Lowe's		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 5385 Ridge Ave		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45213-2543	Transaction ID : VSG8M9VKH
Purpose of Disbursement Office Equipment		Category/Type 001	Amount of Each Disbursement this Period 469.22
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. Lowe's		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 5385 Ridge Ave		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45213-2543	Transaction ID : VSG8M9VKH
Purpose of Disbursement Office Equipment		Category/Type 001	Amount of Each Disbursement this Period 321.86
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).....▶	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

A. 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 / 08 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 10.00

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 / 08 / 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 / 09 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period: 75.84

Memo Item

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

Full Name (Last, First, Middle Initial)

A. Marathon Grill

Mailing Address 121 S 16Th St

City Philadelphia

State PA

Zip Code 19102-2819

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 / 02 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period

252.06

Memo Item

Full Name (Last, First, Middle Initial)

B. Market District

Mailing Address 5550 Centre Ave

City Pittsburgh

State PA

Zip Code 15232-1206

Purpose of Disbursement Food for Event

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 / 24 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period

150.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin, Sandra, , ,

Mailing Address 2300 Ashland Ave

City Toledo

State OH

Zip Code 43620-1207

Purpose of Disbursement Salary

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 / 31 / 2016

FEC Identification Number

C [Redacted]

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)..... ▶

[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. Matthews, Cedric, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5045 Sountel Dr. Ste 13

City Jacksonville State FL Zip Code 32206

Purpose of Disbursement Event Entertainment

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 : VSG8M9VMT

Amount of Each Disbursement this Period 500.00

Memo Item

B. Mercury Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 437 Madison Ave

City New York State NY Zip Code 10022-7001

Purpose of Disbursement Communications Consulting 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 : VSG8M9VKS1

Amount of Each Disbursement this Period 18500.00

Memo Item

C. Mercury Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 437 Madison Ave

City New York State NY Zip Code 10022-7001

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 / 04 / 2016

FEC Identification Number C

Transaction ID : VSG8M9VKS

Amount of Each Disbursement this Period 8077.12

Memo Item

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

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

Mailing Address PO Box 1547

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKH
Amount of Each Disbursement this Period

[Redacted] 660.00

Memo Item

City Tallahassee State FL Zip Code 32302-1547

Purpose of Disbursement Legal 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)

B. Mission Control

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

Mailing Address 624 Hebron Ave Ste 200

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VMY!
Amount of Each Disbursement this Period

[Redacted] 317195.21

Memo Item

City Glastonbury State CT Zip Code 06033-5006

Purpose of Disbursement Printing - Canvassing Literature, No Express Advocacy 004 Category/Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

C. Mod Wine Lounge

Date of Disbursement

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

Mailing Address 1828 E Sunrise Blvd

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period

[Redacted] 1166.00

Memo Item

City Fort Lauderdale State FL Zip Code 33304-3040

Purpose of Disbursement Catering for Event 007 Category/Type

Candidate Name

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

State: District:

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

[Redacted] 319021.19

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. Mosaic Express

Date of Disbursement: MM / DD / YYYY
10 / 27 / 2016

Mailing Address: 1920 L St NW Frnt 3

City: Washington State: DC Zip Code: 20036-5000

Purpose of Disbursement: Printing - Business Cards

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

FEC Identification Number: C

Transaction ID: VSG8M9VMY

Amount of Each Disbursement this Period: 225.93

Memo Item

Full Name (Last, First, Middle Initial)
B. Murphy AME Church

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

Mailing Address: 701 Yarnall St

City: Chester State: PA Zip Code: 19013-2732

Purpose of Disbursement: Rent

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

FEC Identification Number: C

Transaction ID: VSG8M9VKHI

Amount of Each Disbursement this Period: 700.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Nando's

Date of Disbursement: MM / DD / YYYY
11 / 21 / 2016

Mailing Address: 300 Tingey St SE Ste 150

City: Washington State: DC Zip Code: 20003-4626

Purpose of Disbursement: Catering for Event

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 007

FEC Identification Number: C

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)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<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 : VSG8M9VKTl

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 : VSG8M9VKSl

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)..... ▶

[REDACTED] 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.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1250 I St NW Ste 200		FEC Identification Number C Transaction ID : VSG8M9VN01 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20005-5994	Purpose of Disbursement Digital Advertising - No Express Advocacy	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. New Partners Consulting, Inc.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1250 I St NW Ste 200		FEC Identification Number C Transaction ID : VSG8M9VN02 Amount of Each Disbursement this Period 12313.11
City Washington	State DC	
Zip Code 20005-5994	Purpose of Disbursement Communications Consulting Services	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. New Partners Consulting, Inc.		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1250 I St NW Ste 200		FEC Identification Number C Transaction ID : VSG8M9VN0 Amount of Each Disbursement this Period 2557.09
City Washington	State DC	
Zip Code 20005-5994	Purpose of Disbursement Communications Consulting Services	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).....▶	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 Amount of Each Disbursement this Period 12816.24
City Saint Cloud	State MN	Zip Code 56302-5021
Purpose of Disbursement Polling		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. 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 Amount of Each Disbursement this Period 172708.50
City Saint Cloud	State MN	Zip Code 56302-5021
Purpose of Disbursement Polling		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. 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 Amount of Each Disbursement this Period 8000.00
City Washington	State DC	Zip Code 20002-3716
Purpose of Disbursement Digital Consulting 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).....▶	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 1445 New York Ave NW
Ste 200

City Washington State DC Zip Code 20005-2158

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 1445 New York Ave NW
Ste 200

City Washington State DC Zip Code 20005-2158

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 1445 New York Ave NW
Ste 200

City Washington State DC Zip Code 20005-2158

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

Full Name (Last, First, Middle Initial)

A. NV Energy

Mailing Address PO Box 98910

City
Las Vegas

State
NV

Zip Code
89193-8910

Purpose of Disbursement
Utilities

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
1	1	1		1	4			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period

[REDACTED] 532.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 6600 N Military Trl

City
Boca Raton

State
FL

Zip Code
33496-2434

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period

[REDACTED] 52.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 6600 N Military Trl

City
Boca Raton

State
FL

Zip Code
33496-2434

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
1	0			2	0			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKH

Amount of Each Disbursement this Period

[REDACTED] 78.96

Memo Item

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

[REDACTED] 664.01

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. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 127.60
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 104.79
Office Sought: <input type="checkbox"/> 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. Office Depot		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 6600 N Military Trl		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKH
City Boca Raton	State FL	Zip Code 33496-2434
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 280.78
Office Sought: <input type="checkbox"/> 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)..... ▶

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. Ohio Bureau Of Workers' Comp

Mailing Address 30 W Spring St

City
Columbus

State
OH

Zip Code
43215-2216

Purpose of Disbursement
Taxes

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 : VSG8M9VKH
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ohio Secretary Of State

Mailing Address 180 E Broad St
FI 16

City
Columbus

State
OH

Zip Code
43215-3726

Purpose of Disbursement
Taxes

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 : VSG8M9VKJC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ohio Secretary Of State

Mailing Address 180 E Broad St
FI 16

City
Columbus

State
OH

Zip Code
43215-3726

Purpose of Disbursement
Taxes

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 : VSG8M9VKJ
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. Ohio Strategic Partners		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 34 N Remington Rd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKS Amount of Each Disbursement this Period 12500.00
City Bexley	State OH	Zip Code 43209-1441
Purpose of Disbursement Communications Consulting 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. Oley's Kitchen & BBQ		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 2700 S Rio Grande Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKT Amount of Each Disbursement this Period 1100.00
City Orlando	State FL	Zip Code 32805-6143
Purpose of Disbursement Catering for Event		007 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. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNO Amount of Each Disbursement this Period 25000.00
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		004 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)..... ▶

38600.00

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. 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	Amount of Each Disbursement this Period 16000.00
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Category/ Type 004	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. 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	Amount of Each Disbursement this Period 8999.92
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Category/ Type 004	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. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN0I	
City Silver Spring	State MD	Zip Code 20902-3557	Amount of Each Disbursement this Period 53000.00
Purpose of Disbursement Voter Outreach Calls - No Express Advocacy		Category/ Type 004	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)..... ▶

77999.92

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

Full Name (Last, First, Middle Initial) A. Oshkosh Martial Education Center			Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 208 State St			FEC Identification Number C [REDACTED]	
City Oshkosh	State WI	Zip Code 54901-4800	Transaction ID : VSG8M9VKJ	
Purpose of Disbursement Rent		Category/ Type 001	Amount of Each Disbursement this Period 330.00	
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) B. Panera			Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd			FEC Identification Number C [REDACTED]	
City Port Saint Lucie	State FL	Zip Code 34986-2517	Transaction ID : VSG8M9VKN	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 210.00	
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. Panera			Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1707 NW Saint Lucie West Blvd			FEC Identification Number C [REDACTED]	
City Port Saint Lucie	State FL	Zip Code 34986-2517	Transaction ID : VSG8M9VKN	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 296.51	
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)..... ▶

836.51
[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 : 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 [REDACTED] 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) 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 : 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 [REDACTED] 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	

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 : 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 [REDACTED] 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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 399.97
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 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 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).....▶	435.14
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. 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

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKM
Amount of Each Disbursement this Period
145.27

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

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKM
Amount of Each Disbursement this Period
145.27

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

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKM
Amount of Each Disbursement this Period
164.90

Memo Item

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

455.44

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 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 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).....▶	540.45
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 : 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 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	

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 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	

SUBTOTAL of Disbursements This Page (optional).....▶	570.45
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

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 225.93

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN!

Amount of Each Disbursement this Period: 225.93

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 257.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 709.11

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. 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		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 / 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		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 / 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] 144.60
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] 529.11
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 Amount of Each Disbursement this Period [REDACTED] 145.27
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 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM Amount of Each Disbursement this Period [REDACTED] 157.39
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 / 03 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKM Amount of Each Disbursement this Period [REDACTED] 164.90
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] 467.56

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. 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 [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 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 [REDACTED] 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 [REDACTED] 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)..... ▶

[REDACTED] 525.20

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. 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 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 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 261.57	
Office Sought: <input type="checkbox"/> House <input 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).....▶	667.65
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] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period 17.97
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 / 07 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJ Amount of Each Disbursement this Period 20.96
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 / 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	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).....▶	61.53
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. 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] 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 [REDACTED] 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) 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] 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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 67.80
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. 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 : 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) 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 : 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	

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 / 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	

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
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 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	

SUBTOTAL of Disbursements This Page (optional).....▶	71.28
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. 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 : 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 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) 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 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	

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

74.28

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

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKJ

Amount of Each Disbursement this Period: 28.26

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKKI

Amount of Each Disbursement this Period: 43.43

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKK

Amount of Each Disbursement this Period: 43.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.12

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. 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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKK

Amount of Each Disbursement this Period: 58.19

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKKI

Amount of Each Disbursement this Period: 64.59

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: 17.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 140.75

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 : VSG8M9VKJI 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 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJC 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) 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 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).....▶	68.46
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. 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 : VSG8M9VKJI Amount of Each Disbursement this Period [REDACTED] 23.26
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 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI Amount of Each Disbursement this Period [REDACTED] 23.26
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 / 08 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKJI Amount of Each Disbursement this Period [REDACTED] 24.76
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] 71.28
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. 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		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 / 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		
Office Sought: <input type="checkbox"/> House <input 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		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] 82.98
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
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 34.06	
Office Sought: <input type="checkbox"/> House <input 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 : 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 34.22	
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) 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
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 34.22	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	102.50
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. 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		
Office Sought: <input type="checkbox"/> House <input 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 : 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		
Office Sought: <input type="checkbox"/> House <input 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 : 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		
Office Sought: <input type="checkbox"/> House <input 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)..... ▶

[REDACTED] 108.06
[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
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 40.34	
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) ▼	
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 : 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 / 08 / 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 60.22	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	158.75
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 : VSG8M9VKK Amount of Each Disbursement this Period [REDACTED] 60.51
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] 60.51
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] 67.80
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] 188.82
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] 67.94
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) 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] 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: _____	

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] 204.18
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] 74.48
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 / 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		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 / 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		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] 132.70
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 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 34.06	
Office Sought: <input type="checkbox"/> House <input 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 34.22	
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) 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 34.22	
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	

SUBTOTAL of Disbursements This Page (optional).....▶	102.50
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 / 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		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 / 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		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 : 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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 108.06
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. 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] 38.97
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) 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] 59.94
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 : 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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 167.03
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 [REDACTED] 92.51
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 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 [REDACTED] 94.47
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. 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 [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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 322.20
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 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) 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] 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	

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] 151.63
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	

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

[REDACTED] 453.10

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] 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) 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] 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) 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] 543.45
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 11 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 196.45
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 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 196.45
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 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 295.88
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] 688.78
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 Amount of Each Disbursement this Period [REDACTED] 425.89
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 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 453.89
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 / 09 / 2016
Mailing Address 1707 NW Saint Lucie West Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 590.43
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] 1470.21
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 [REDACTED] 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) B. 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 [REDACTED] 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	

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 [REDACTED] 71.91	
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 879.97

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 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKN

Amount of Each Disbursement this Period: 76.64

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: 77.35

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: 79.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 233.02

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. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2002 Papa Johns Blvd			
City Louisville	State KY	Zip Code 40299-3393	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKN
Office Sought: <input type="checkbox"/> 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 <input type="text" value="79.78"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2002 Papa Johns Blvd			
City Louisville	State KY	Zip Code 40299-3393	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKN
Office Sought: <input type="checkbox"/> 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 <input type="text" value="80.40"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2002 Papa Johns Blvd			
City Louisville	State KY	Zip Code 40299-3393	
Purpose of Disbursement Food/Beverage		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : VSG8M9VKN
Office Sought: <input type="checkbox"/> 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 <input type="text" value="80.40"/>
State: District:			<input type="checkbox"/> 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. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 80.91
City Louisville	State KY	Zip Code 40299-3393
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. Papa John's		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period [REDACTED] 111.58
City Louisville	State KY	Zip Code 40299-3393
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. Papa John's		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2002 Papa Johns Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKN Amount of Each Disbursement this Period [REDACTED] 92.88
City Louisville	State KY	Zip Code 40299-3393
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] 285.37

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. 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		
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			

FEC Identification Number
C
Transaction ID : VSG8M9VKN'
Amount of Each Disbursement this Period
92.88

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		
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			

FEC Identification Number
C
Transaction ID : VSG8M9VKN'
Amount of Each Disbursement this Period
94.01

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

FEC Identification Number
C
Transaction ID : VSG8M9VKN'
Amount of Each Disbursement this Period
95.72

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

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

282.61

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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: 97.04

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: 102.86

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: 104.86

Memo Item

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

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

304.76

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 : VSG8M9VKP

Amount of Each Disbursement this Period: 144.83

Memo Item

B. Parra, Jose, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 888 16Th St NW

City Washington State DC Zip Code 20006-4103

Purpose of Disbursement Reimbursement - Travel, Lodging, 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 : VSG8M9VMW

Amount of Each Disbursement this Period: 992.88

Memo Item

C. Dollar Rent-A-Car

Full Name (Last, First, Middle Initial)

Mailing Address 7135 Gilespe 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 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMW

Amount of Each Disbursement this Period: 249.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1137.71

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. 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. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Canvassing Services

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 : VSG8M9VNS

Amount of Each Disbursement this Period: 89057.85

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Canvassing Services

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 : VSG8M9VNS

Amount of Each Disbursement this Period: 30660.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement Canvassing 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 : VSG8M9VNS

Amount of Each Disbursement this Period: 25086.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 144804.43

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

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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			28			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VNR

Amount of Each Disbursement this Period

[REDACTED] 5130.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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 : VSG8M9VNR

Amount of Each Disbursement this Period

[REDACTED] 636.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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 : VSG8M9VNR

Amount of Each Disbursement this Period

[REDACTED] 916.66

Memo Item

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

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

[REDACTED] 6683.28

[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. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Canvassing 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 : VSG8M9VNS
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Payroll 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 : VSG8M9VNR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City West Henrietta State NY Zip Code 14586-9102

Purpose of Disbursement
Canvassing 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 : VSG8M9VNS
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. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Payroll Services

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 : VSG8M9VNR
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing Services

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 : VSG8M9VNSI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing Services

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 : VSG8M9VNS
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. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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 / 17 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNS
Amount of Each Disbursement this Period
90726.29

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period
1032.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1175 John St

City
West Henrietta

State
NY

Zip Code
14586-9102

Purpose of Disbursement
Canvassing 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 / 25 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNR
Amount of Each Disbursement this Period
7863.03

Memo Item

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

99622.09

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. 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

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	Transaction ID : VSG8M9VMT	
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 248.80	
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. JetBlue			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2701 Queens Plz N			FEC Identification Number C [REDACTED]	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : VSG8M9VMT	
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 241.20	
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. Southwest Airlines			Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address P.O. Box 36647-1CR			FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75235	Transaction ID : VSG8M9VMT	
Purpose of Disbursement Travel		Category/Type 002	Amount of Each Disbursement this Period 183.96	
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).....▶	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

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKY

Amount of Each Disbursement this Period: 93.89

Memo Item

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		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
City Madison	State WI	Zip Code 53719-1032	Category/ Type 002
Purpose of Disbursement Lodging			
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. Radisson Hotel Madison		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 517 Grand Canyon Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
City Madison	State WI	Zip Code 53719-1032	Category/ Type 002
Purpose of Disbursement Lodging			
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. Radisson Hotel Madison		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 517 Grand Canyon Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKYI Amount of Each Disbursement this Period 93.89	
City Madison	State WI	Zip Code 53719-1032	Category/ Type 002
Purpose of Disbursement Lodging			
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)..... ▶

281.67

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

Mailing Address 517 Grand Canyon Dr

City
Madison

State
WI

Zip Code
53719-1032

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			14			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

375.56

Memo Item

Full Name (Last, First, Middle Initial)

B. Radisson Hotel Madison

Mailing Address 517 Grand Canyon Dr

City
Madison

State
WI

Zip Code
53719-1032

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			14			2016			

FEC Identification Number

C
Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

375.56

Memo Item

Full Name (Last, First, Middle Initial)

C. Radisson Hotel Madison

Mailing Address 517 Grand Canyon Dr

City
Madison

State
WI

Zip Code
53719-1032

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			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)..... ▶

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

1126.68

**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

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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] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period [REDACTED] 36.87
City Stamford	State CT	Zip Code 06902-1140
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:		

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] Transaction ID : VSG8M9VKP Amount of Each Disbursement this Period [REDACTED] 107.31
City Stamford	State CT	Zip Code 06902-1140
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:		

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] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period [REDACTED] 371.87
City Washington	State DC	Zip Code 20011-3858
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] 516.05

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

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 1455 Market St
Ste 400

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement
Travel

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 : VSG8M9VNB
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ridgewell's Catering

Mailing Address 5525 Dorsey Ln

City Bethesda State MD Zip Code 20816-1501

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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Rising Tide Interactive

Mailing Address 1250 H St NW

City Washington State DC Zip Code 20005-3952

Purpose of Disbursement
Payment for Digital Advertising Buy, See Schedule E

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 : VSG8M9W62
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. Rising Tide Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1250 H St NW

City Washington State DC Zip Code 20005-3952

Purpose of Disbursement Payment for Digital Advertising Buy, See Schedule E

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9W64

Amount of Each Disbursement this Period: -1003.51

Memo Item

B. Rising Tide Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1250 H St NW

City Washington State DC Zip Code 20005-3952

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 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNT

Amount of Each Disbursement this Period: 22271.98

Memo Item

C. Rising Tide Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1250 H St NW

City Washington State DC Zip Code 20005-3952

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNT

Amount of Each Disbursement this Period: 43830.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 65099.06

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. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period [REDACTED] 333987.57
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		004 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. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period [REDACTED] 575971.15
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		004 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. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period [REDACTED] 75000.00
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - No Express Advocacy		004 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] 984958.72
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. Rising Tide Interactive		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1250 H St NW		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNTI Amount of Each Disbursement this Period [REDACTED] 227000.00
City Washington	State DC	Zip Code 20005-3952
Purpose of Disbursement Digital Advertising - 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) B. Roberts, Justin, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 1317 Rowe Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMXI Amount of Each Disbursement this Period [REDACTED] 500.00
City Jacksonville	State FL	Zip Code 32208-3201
Purpose of Disbursement Musical Entertainment 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: _____	

Full Name (Last, First, Middle Initial) C. 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 Amount of Each Disbursement this Period [REDACTED] 300.00
City Plantation	State FL	Zip Code 33313-4582
Purpose of Disbursement Event Entertainment		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).....▶	[REDACTED] 227800.00
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. Rorapaugh Teicher LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1017 Buchanan St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKP! Amount of Each Disbursement this Period 4000.00	
City Hollywood	State FL	Zip Code 33019-1106	Category/ Type 001
Purpose of Disbursement Strategic Planning Consulting 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. 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! Amount of Each Disbursement this Period 7154.50	
City Lisle	State IL	Zip Code 60532-1971	Category/ Type 002
Purpose of Disbursement Prepaid Gas Cards			
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. 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	Category/ Type 002
Purpose of Disbursement Prepaid Gas Cards			
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)..... ▶

19214.00

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. Safeway

Mailing Address 1855 Wisconsin Ave NW

City
Washington

State
DC

Zip Code
20007-2382

Purpose of Disbursement
Event Supplies

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			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period

[Redacted] 519.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Sahl Communications, Inc.

Mailing Address 1 W Broad St
Ste 904

City
Bethlehem

State
PA

Zip Code
18018-5717

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
10			27			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKP!
Amount of Each Disbursement this Period

[Redacted] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sam's Club Stores

Mailing Address 2101 SE Simple Savings Dr

City
Bentonville

State
AR

Zip Code
72712-4304

Purpose of Disbursement
Event Supplies

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			09			2016			

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKT
Amount of Each Disbursement this Period

[Redacted] 2670.72

Memo Item

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

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

[Redacted] 3939.92

[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. SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 02 / 2016	
Mailing Address 1800 Massachusetts Ave NW			
City Washington	State DC	Zip Code 20036-1222	
Purpose of Disbursement Staff Salaries and Benefits		FEC Identification Number C C00004036 Transaction ID : VSH7WE7GS Amount of Each Disbursement this Period 15474.00 * In-Kind Received <input type="checkbox"/> Memo Item	
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:			

Full Name (Last, First, Middle Initial) B. Sheraton City Center		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 07 / 2016	
Mailing Address 1201 Race St			
City Philadelphia	State PA	Zip Code 19107-1617	
Purpose of Disbursement Lodging		FEC Identification Number C [] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 1976.40 <input type="checkbox"/> Memo Item	
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. Sheraton City Center		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 08 / 2016	
Mailing Address 1201 Race St			
City Philadelphia	State PA	Zip Code 19107-1617	
Purpose of Disbursement Lodging		FEC Identification Number C [] Transaction ID : VSG8M9VKY Amount of Each Disbursement this Period 1026.81 <input type="checkbox"/> Memo Item	
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)..... ▶	18477.21
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. 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	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Field Consulting Services		Category/Type 001	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. 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	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Field Consulting Services		Category/Type 001	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. 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	Amount of Each Disbursement this Period 1700.00	
Purpose of Disbursement Field Consulting Services		Category/Type 001	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. Singh, Bachan, , ,

Mailing Address 4455 Acre View Ct

City
Brookfield

State
WI

Zip Code
53005-1211

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			02			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMM
Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Smoot Tewes Group

Mailing Address 818 Connecticut Ave NW
Ste 200

City
Washington

State
DC

Zip Code
20006-2742

Purpose of Disbursement
PAC Management 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
11			08			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKPI
Amount of Each Disbursement this Period

25016.92

Memo Item

Full Name (Last, First, Middle Initial)

C. Sonesta Hotels

Mailing Address 1800 Market St

City
Philadelphia

State
PA

Zip Code
19103-3725

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			25			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VKY
Amount of Each Disbursement this Period

2158.65

Memo Item

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

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

31175.57

[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 M M / D D / Y Y Y Y Y Y 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		Category/ Type 002	
Purpose of Disbursement Travel		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 M M / D D / Y Y Y Y Y Y 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		Category/ Type 002	
Purpose of Disbursement Travel		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 M M / D D / Y Y Y Y Y Y 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		Category/ Type 002	
Purpose of Disbursement Travel		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] 1647.88	
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. 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 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 1591.84

Memo Item

B. SPC Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 499 State Rd. 434

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement Office Cleaning Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKPI

Amount of Each Disbursement this Period: 125.00

Memo Item

C. SPC Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 499 State Rd. 434

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement Office Cleaning 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 : VSG8M9VKP

Amount of Each Disbursement this Period: 123.00

Memo Item

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

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NAME OF COMMITTEE (In Full)
For Our Future

A. SPC Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 499 State Rd. 434

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement Office Cleaning 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 : VSG8M9VKP

Amount of Each Disbursement this Period: 128.00

Memo Item

B. Spectrum Business

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3019

City Milwaukee State WI Zip Code 53201-3019

Purpose of Disbursement Telecommunications 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 : VSG8M9VKP

Amount of Each Disbursement this Period: 119.64

Memo Item

C. Spectrum Business

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3019

City Milwaukee State WI Zip Code 53201-3019

Purpose of Disbursement Telecommunications Services

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 : VSG8M9VKP

Amount of Each Disbursement this Period: 68.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 316.19

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. Sturgis, Giovanni, , ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 3595 W 128Th St		FEC Identification Number C [] Transaction ID : VSG8M9VMV	
City Cleveland	State OH	Zip Code 44111-4506	Amount of Each Disbursement this Period [] 300.00
Purpose of Disbursement Event Planning Services		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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [] Transaction ID : VSG8M9VKPI	
City Miami	State FL	Zip Code 33161-7455	Amount of Each Disbursement this Period [] 88.40
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [] Transaction ID : VSG8M9VKPI	
City Miami	State FL	Zip Code 33161-7455	Amount of Each Disbursement this Period [] 88.82
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).....▶	[] 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

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 : VSG8M9VKP!

Amount of Each Disbursement this Period: 89.24

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 : VSG8M9VKP!

Amount of Each Disbursement this Period: 89.24

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 : VSG8M9VKP!

Amount of Each Disbursement this Period: 96.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 275.36

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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 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 96.88
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 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 97.80
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. Subway		Date of Disbursement MM / DD / YYYY 10 / 27 / 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 98.65
Office Sought: <input type="checkbox"/> House <input 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).....▶	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
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] 107.57
State: District:		<input type="checkbox"/> Memo Item

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
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] 124.44
State: District:		<input type="checkbox"/> Memo Item

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
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] 144.16
State: District:		<input type="checkbox"/> Memo Item

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

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 56.18

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 99.94

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 101.34

Memo Item

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

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 101.81

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 103.47

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 114.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 320.20

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

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 115.01

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 115.01

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 116.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 346.12

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. 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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 137.71

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ'

Amount of Each Disbursement this Period: 161.77

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 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKP

Amount of Each Disbursement this Period: 56.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 355.87

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. 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 : VSG8M9VKP

Amount of Each Disbursement this Period

90.74

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 : VSG8M9VKP

Amount of Each Disbursement this Period

92.12

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 : VSG8M9VKP

Amount of Each Disbursement this Period

92.56

Memo Item

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

275.42

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 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 92.56

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 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ!

Amount of Each Disbursement this Period: 103.46

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 / 03 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKQ

Amount of Each Disbursement this Period: 104.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.43

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

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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
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. Subway		Date of Disbursement MM / DD / YYYY 11 / 03 / 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 140.71
Office Sought: <input type="checkbox"/> 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 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKPI
City Miami	State FL	Zip Code 33161-7455
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 54.06
Office Sought: <input type="checkbox"/> 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 11 / 07 / 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	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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

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

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	1	6		

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKP'

Amount of Each Disbursement this Period

[Redacted] 91.16

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	1	6		

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKP'

Amount of Each Disbursement this Period

[Redacted] 91.59

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	1	6		

FEC Identification Number

C [Redacted]

Transaction ID : VSG8M9VKP'

Amount of Each Disbursement this Period

[Redacted] 91.59

Memo Item

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

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

[Redacted] 274.34

[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 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period
103.46

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 / 07 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKQ
Amount of Each Disbursement this Period
104.43

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 / 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)..... ▶

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

351.67

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 : VSG8M9VKQ Amount of Each Disbursement this Period [REDACTED] 228.98
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 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period [REDACTED] 310.58
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 11 / 07 / 2016
Mailing Address 10701 Biscayne Blvd		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKQ Amount of Each Disbursement this Period [REDACTED] 312.05
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] 851.61
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)	PAGE 285 OF 540
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27	
	<input type="checkbox"/> 28a <input type="checkbox"/> 28b <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 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 : VSG8M9VKQ

Amount of Each Disbursement this Period:

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 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 : VSG8M9VKZ

Amount of Each Disbursement this Period:

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 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 : VSG8M9VKZ

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. 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 / 27 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 5176.42

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 1876.00

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 / 31 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 12828.38

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, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1160 Harp St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN11 Amount of Each Disbursement this Period 24000.00	
City Raleigh	State NC	Zip Code 27604-1304	Category/Type 001
Purpose of Disbursement Data Research 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. Swindell, Russ, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 1160 Harp St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN1J Amount of Each Disbursement this Period 1363.11	
City Raleigh	State NC	Zip Code 27604-1304	Category/Type 001
Purpose of Disbursement Data Research 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) C. Target		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address PO Box 9350		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VKR Amount of Each Disbursement this Period 55.40	
City Minneapolis	State MN	Zip Code 55440-9350	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)..... ▶

25418.51

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. Target

Mailing Address PO Box 9350

City Minneapolis State MN Zip Code 55440-9350

Purpose of Disbursement
Office Equipment

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 : VSG8M9VKR
Amount of Each Disbursement this Period

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

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 : VSG8M9VKR
Amount of Each Disbursement this Period

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

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 : 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. Teitelman, Amy, , ,		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 3998 Drakewood Dr.		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 2048.61
City Cincinnati	State OH	Zip Code 45209
Purpose of Disbursement Reimbursement - Mileage, Parking, Event Supplies, Office Supplies		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. Dave's Supermarket		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 3301 Payne Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 130.00
City Cleveland	State OH	Zip Code 44114-4313
Purpose of Disbursement Event Supplies		Category/Type [REDACTED]
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] Transaction ID : VSG8M9VN1 Amount of Each Disbursement this Period 6324.86
City New York	State NY	Zip Code 10025-0063
Purpose of Disbursement Campaign Strategy 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).....▶	8373.47
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. The 13Th Street Partners LLP

Mailing Address 2622 NW 43Rd St
Ste. C-1

City
Gainesville

State
FL

Zip Code
32606-6670

Purpose of Disbursement
Rent

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			01			2016			

FEC Identification Number

Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period

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

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

Transaction ID : VSG8M9VNB1
Amount of Each Disbursement this Period

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

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			02			2016			

FEC Identification Number

Transaction ID : VSG8M9VN9
Amount of Each Disbursement this Period

Memo Item

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

<input type="text" value="5624.90"/>

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

<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 / 03 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period [REDACTED] 3496.61
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		<input type="checkbox"/> 004 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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB Amount of Each Disbursement this Period [REDACTED] 1519.83
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		<input type="checkbox"/> 004 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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN9 Amount of Each Disbursement this Period [REDACTED] 4448.33
City Grasonville	State MD	Zip Code 21638-0187
Purpose of Disbursement Robocalls - No Express Advocacy		<input type="checkbox"/> 004 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] 9464.77

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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN9	
City Grasonville	State MD	Zip Code 21638-0187	Amount of Each Disbursement this Period 9840.22
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004	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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB	
City Grasonville	State MD	Zip Code 21638-0187	Amount of Each Disbursement this Period 2660.94
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004	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. The Contact Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address PO Box 187		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VNB	
City Grasonville	State MD	Zip Code 21638-0187	Amount of Each Disbursement this Period 2667.03
Purpose of Disbursement Robocalls - No Express Advocacy		Category/Type 004	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).....▶	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] 56093.90

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 : VSG8M9VKRI
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)..... ▶

[REDACTED] 59695.47

[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. Time Warner Cable

Full Name (Last, First, Middle Initial)

Mailing Address 60 Columbus Cir

City New York State NY Zip Code 10023-5802

Purpose of Disbursement Telecommunications 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 : VSG8M9VKR

Amount of Each Disbursement this Period: 217.78

Memo Item

B. Time Warner Cable

Full Name (Last, First, Middle Initial)

Mailing Address 60 Columbus Cir

City New York State NY Zip Code 10023-5802

Purpose of Disbursement Telecommunications 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 : VSG8M9VKR

Amount of Each Disbursement this Period: 830.38

Memo Item

C. Time Warner Cable

Full Name (Last, First, Middle Initial)

Mailing Address 60 Columbus Cir

City New York State NY Zip Code 10023-5802

Purpose of Disbursement Telecommunications Services

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 : VSG8M9VKR

Amount of Each Disbursement this Period: 309.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1357.33

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. 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] 671.20
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. 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 Amount of Each Disbursement this Period [REDACTED] 600.00
City Toledo	State OH	Zip Code 43620-1207
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. 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 Amount of Each Disbursement this Period [REDACTED] 598.20
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:		

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

[REDACTED] 1869.40

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

A. 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 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ1

Amount of Each Disbursement this Period: 347.20

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ1

Amount of Each Disbursement this Period: 197.60

Memo Item

C. 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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ1

Amount of Each Disbursement this Period: 290.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 835.40

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

A. 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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 290.60

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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 290.60

Memo Item

C. 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 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VKZ

Amount of Each Disbursement this Period: 290.60

Memo Item

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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y 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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y 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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y 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]
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKZI	
Office Sought: <input type="checkbox"/> 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 415.60
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]
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKZ.	
Office Sought: <input type="checkbox"/> 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 415.60
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]
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Transaction ID : VSG8M9VKZ	
Office Sought: <input type="checkbox"/> 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 478.60
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1309.80
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		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 : VSG8M9VKTI
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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKS.
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

C
Transaction ID : VSG8M9VKS
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

C
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. 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

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
42.30

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
47.00

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

MM / DD / YYYY
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)..... ▶

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

170.95

**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

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
35.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Utrecht, Kleinfeld, Fiori, Partners

Mailing Address 1900 M St NW
NW Ste. 500

City
Washington

State
DC

Zip Code
20036-3508

Purpose of Disbursement
Legal 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 / 21 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VKR
Amount of Each Disbursement this Period
10020.90

Memo Item

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

10085.50

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. 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

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

A. Walker, Avree, , ,

Full Name (Last, First, Middle Initial)

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

B. Walker, Avree, , ,

Full Name (Last, First, Middle Initial)

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

C. Waterfront Strategies

Full Name (Last, First, Middle Initial)

Mailing Address 3050 K St NW
NW Ste. 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement
Digital Advertising Production - No Express Advocacy

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 : VSG8M9VNT

Amount of Each Disbursement this Period: 9735.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9735.23

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. Waterfront Strategies			Date of Disbursement MM / DD / YYYY 11 / 17 / 2016	
Mailing Address 3050 K St NW NW Ste. 100			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VSG8M9VNTI	
Purpose of Disbursement Non-Placement Commission Fee		Category/ Type 004	Amount of Each Disbursement this Period 166961.93	
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. Webb, Antonia, , ,			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 64 E Kelso Rd			FEC Identification Number C [REDACTED]	
City Columbus	State OH	Zip Code 43202-2312	Transaction ID : VSG8M9VMH	
Purpose of Disbursement Reimbursement - Food/Beverage		Category/ Type 001	Amount of Each Disbursement this Period 90.47	
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. The Roosevelt Coffeehouse			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 300 E Long St			FEC Identification Number C [REDACTED]	
City Columbus	State OH	Zip Code 43215-1814	Transaction ID : VSG8M9VMH	
Purpose of Disbursement Food/Beverage		Category/ Type	Amount of Each Disbursement this Period 54.00	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	167052.40
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

A. Webb, Antonia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 64 E Kelso Rd

City Columbus State OH Zip Code 43202-2312

Purpose of Disbursement Reimbursement - Food/Beverage

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 : VSG8M9VMJ

Amount of Each Disbursement this Period: 3369.30

Memo Item

B. Buca Di Beppo

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Connecticut Ave NW

City Washington State DC Zip Code 20009-5708

Purpose of Disbursement Food/Beverage

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 : VSG8M9VMJ

Amount of Each Disbursement this Period: 399.85

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 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJ

Amount of Each Disbursement this Period: 322.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3369.30

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. Panera		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 11490 Euclid		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 938.89
City Cleveland	State OH	Zip Code 44106-3934
Purpose of Disbursement Food/Beverage		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. Pizza Hut		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1076 Parsons Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 378.17
City Columbus	State OH	Zip Code 43206-2743
Purpose of Disbursement Food/Beverage		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. Subway		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 2242 Euclid Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJ Amount of Each Disbursement this Period [REDACTED] 1044.00
City Cleveland	State OH	Zip Code 44115-2405
Purpose of Disbursement Food/Beverage		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. Webb, Antonia, , ,

Mailing Address 64 E Kelso Rd

City
Columbus

State
OH

Zip Code
43202-2312

Purpose of Disbursement
Reimbursement - 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			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ1
Amount of Each Disbursement this Period
[REDACTED] 4047.83

Memo Item

Full Name (Last, First, Middle Initial)

B. Bakersfield

Mailing Address 731 N High St

City
Columbus

State
OH

Zip Code
43215-1425

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			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ1
Amount of Each Disbursement this Period
[REDACTED] 289.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Barley's Brewing Company

Mailing Address 467 North High St

City
Cleveland

State
OH

Zip Code
44115-1101

Purpose of Disbursement
Food/Beverage 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			28			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : VSG8M9VMJ1
Amount of Each Disbursement this Period
[REDACTED] 2023.08

Memo Item

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

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

[REDACTED]	4047.83
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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. 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 : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 312.00
City Columbus	State OH	Zip Code 43212-1496
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		

Full Name (Last, First, Middle Initial) B. Hot Chicken Takeover, LLC		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 59 Spruce St FI 2		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 215.00
City Columbus	State OH	Zip Code 43215-1622
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		

Full Name (Last, First, Middle Initial) C. Lavash		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 2985 N High St		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMJI Amount of Each Disbursement this Period [REDACTED] 380.00
City Columbus	State OH	Zip Code 43202-1103
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).....▶	[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

A. Ray Rays Hog Pit

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VMJL

Amount of Each Disbursement this Period: 222.00

Memo Item

B. Zoup

Full Name (Last, First, Middle Initial)

Mailing Address 41 S High St Ste 150

City Columbus State OH Zip Code 43215-6115

Purpose of Disbursement Food/Beverage

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 : VSG8M9VMJL

Amount of Each Disbursement this Period: 251.50

Memo Item

C. Whitcomb, Jennifer, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1232 Alachua Ave Apt A

City Tallahassee State FL Zip Code 32308-6950

Purpose of Disbursement Reimbursement - Travel

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 : VSG8M9VMV

Amount of Each Disbursement this Period: 645.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 645.00

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. Enterprise Rent-A-Car			Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 200 W Beltline Hwy			FEC Identification Number C [REDACTED]	
City Madison	State WI	Zip Code 53713-2685	Transaction ID : VSG8M9VMW	
Purpose of Disbursement Travel		Category/ Type 002	Amount of Each Disbursement this Period 645.00	
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) B. Willo Security, Inc.			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address 38230 Glenn Ave			FEC Identification Number C [REDACTED]	
City Willoughby	State OH	Zip Code 44094-7808	Transaction ID : VSG8M9VKS	
Purpose of Disbursement Security Services		Category/ Type 001	Amount of Each Disbursement this Period 2415.00	
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. 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]	
City Coral Springs	State FL	Zip Code 33065-3311	Transaction ID : VSG8M9VKS	
Purpose of Disbursement Field Consulting Services		Category/ Type 001	Amount of Each Disbursement this Period 5500.00	
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)..... ▶

7915.00

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 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) B. 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:		

Full Name (Last, First, Middle Initial) C. Zepecki Communications, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 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).....▶	15691.32
TOTAL This Period (last page this line number only).....▶	5857375.45

**SCHEDULE B (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	Amount of Each Disbursement this Period 11500.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name America Votes Action Fund		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name COLOROFCHANGE PAC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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	Amount of Each Disbursement this Period 550000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name League Of Conservation Voters Action Fund		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

Full Name (Last, First, Middle Initial)

A. League Of Conservation Voters Action Fund

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

Mailing Address 1920 L St NW
Ste 800

City Washington State DC Zip Code 20036-5045

Purpose of Disbursement
Contribution

011
Category/ Type

FEC Identification Number

C	C00252940
Transaction ID : VSG8M9VMX	
Amount of Each Disbursement this Period	
100000.00	

Candidate Name

League Of Conservation Voters Action Fund

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

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. MoveOn.Org Political Action

Date of Disbursement

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

Mailing Address PO Box 96142

City Washington State DC Zip Code 20090-6142

Purpose of Disbursement
Contribution

011
Category/ Type

FEC Identification Number

C	C00341396
Transaction ID : VSG8M9VMH	
Amount of Each Disbursement this Period	
125000.00	

Candidate Name

MoveOn.Org Political Action

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

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. NCLR Action PAC

Date of Disbursement

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

Mailing Address 1126 16Th St NW
Ste 600

City Washington State DC Zip Code 20036-4845

Purpose of Disbursement
Contribution

011
Category/ Type

FEC Identification Number

C	C00626390
Transaction ID : VSG8M9VMY	
Amount of Each Disbursement this Period	
195626.00	

Candidate Name

NCLR Action PAC

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

State: District:

Memo Item

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

420626.00

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 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		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1126 16Th St NW Ste 600		FEC Identification Number C 000626390 Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period 109720.01
City Washington	State DC	Zip Code 20036-4845
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name NCLR Action PAC		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. VoteVets		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO Box 75357		FEC Identification Number C 000418897 Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 61390.80
City Washington	State DC	Zip Code 20013-0357
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name VoteVets		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. VoteVets		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO Box 75357		FEC Identification Number C 000418897 Transaction ID : VSG8M9VMH Amount of Each Disbursement this Period 7000.00
City Washington	State DC	Zip Code 20013-0357
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name VoteVets		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)..... ▶

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

A. Working America Coalition

Full Name (Last, First, Middle Initial)

Mailing Address 815 16Th St NW
NW

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement Contribution

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 : VSG8M9VNC

Amount of Each Disbursement this Period: 24981.00

Memo Item

B. Working America Coalition

Full Name (Last, First, Middle Initial)

Mailing Address 815 16Th St NW
NW

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNC

Amount of Each Disbursement this Period: 24981.00

Memo Item

C. Working America Coalition

Full Name (Last, First, Middle Initial)

Mailing Address 815 16Th St NW
NW

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement Contribution

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 : VSG8M9VNC

Amount of Each Disbursement this Period: 95672.26

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: 10 / 21 / 2016

FEC Identification Number: C

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: 11 / 07 / 2016

FEC Identification Number: C

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: 11 / 18 / 2016

FEC Identification Number: C

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

A. America's Voice

Full Name (Last, First, Middle Initial)

Mailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5994

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 : VSG8M9VMH

Amount of Each Disbursement this Period: 11000.00

Memo Item

B. Bouchard Gold Communications

Full Name (Last, First, Middle Initial)

Mailing Address 1617 W 6Th St
Ste B

City Austin State TX Zip Code 78703-5080

Purpose of Disbursement Printing - Non-Federal Canvassing Literature

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 : VSG8M9VMH

Amount of Each Disbursement this Period: 4586.27

Memo Item

C. Bouchard Gold Communications

Full Name (Last, First, Middle Initial)

Mailing Address 1617 W 6Th St
Ste B

City Austin State TX Zip Code 78703-5080

Purpose of Disbursement Printing - Non-Federal Canvassing Literature

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 05 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9TWH

Amount of Each Disbursement this Period: 6484.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22071.00

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. Centaur North Strategies

Full Name (Last, First, Middle Initial)

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

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 : VSG8M9VMT
Amount of Each Disbursement this Period

[REDACTED] 2492.30

Memo Item

B. Citizens Engagement Laboratory

Full Name (Last, First, Middle Initial)

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

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 : VSG8M9VMH
Amount of Each Disbursement this Period

[REDACTED] 14280.00

Memo Item

C. Democratic GAIN

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : VSG8M9VMT
Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

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

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

[REDACTED] 26772.30

[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. 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).....▶	[REDACTED] 29853.52
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Mission Control

Full Name (Last, First, Middle Initial)

Mailing Address 624 Hebron Ave
Ste 200

City Glastonbury State CT Zip Code 06033-5006

Purpose of Disbursement Printing - Non-Federal Canvassing Literature

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C [REDACTED]
Transaction ID : VSG8M9TFM.
Amount of Each Disbursement this Period: 11040.00

Memo Item

B. Missouri Jobs With Justice Voter Action

Full Name (Last, First, Middle Initial)

Mailing Address 2725 Clifton Ave

City Saint Louis State MO Zip Code 63139-2712

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 [REDACTED]
Transaction ID : VSG8M9VMYI
Amount of Each Disbursement this Period: 6000.00

Memo Item

C. NC Latino Power

Full Name (Last, First, Middle Initial)

Mailing Address 4907 Garrett Rd

City Durham State NC Zip Code 27707-3443

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C [REDACTED]
Transaction ID : VSG8M9VMH
Amount of Each Disbursement this Period: 52028.54

Memo Item

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

Full Name (Last, First, Middle Initial) A. One Wisconsin Now		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 152 W Johnson St Ste 214		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VMY Amount of Each Disbursement this Period 12500.00
City Madison	State WI	Zip Code 53703-2296
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) B. Onyx Communications		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 2046 Westchester Dr		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9TWC Amount of Each Disbursement this Period 12500.00
City Silver Spring	State MD	Zip Code 20902-3557
Purpose of Disbursement Non-Federal Voter Outreach Calls		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. ProgressOhio.Org		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 35 E Gay St Ste 404		FEC Identification Number C [REDACTED] Transaction ID : VSG8M9VN1 Amount of Each Disbursement this Period 8000.00
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:		

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

Full Name (Last, First, Middle Initial)

A. We Are Wisconsin

Mailing Address 8033 Excelsior Dr
Ste A

City Madison State WI Zip Code 53717-2900

Purpose of Disbursement
Donation

012

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 Y
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
19716.51

Memo Item

Full Name (Last, First, Middle Initial)

B. We Are Wisconsin

Mailing Address 8033 Excelsior Dr
Ste A

City Madison State WI Zip Code 53717-2900

Purpose of Disbursement
Donation

012

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 Y
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : VSG8M9VNB
Amount of Each Disbursement this Period
4785.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Jobs Now, Inc.

Mailing Address 1862 W Fond Du Lac Ave

City Milwaukee State WI Zip Code 53205-1146

Purpose of Disbursement
Donation

012

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 Y
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

A. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : VSG8M9VNB

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. Working America

Full Name (Last, First, Middle Initial)

Mailing Address 815 16Th St NW

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement Donation

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 : VSG8M9VNCI

Amount of Each Disbursement this Period: 250000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	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 328 OF 540
	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 AFSCME Council 32			Nature of Debt (Purpose): Postage
Mailing Address 8033 Excelsior Dr			
City Madison	State WI	Zip Code 53717-2900	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H8MR8	
Amount Incurred This Period 1795.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 1795.88

B. 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 9841.73	Transaction ID : VSEA49H88V4	
Amount Incurred This Period 0.00	Payment This Period 9841.73	Outstanding Balance at Close of This Period 0.00

C. 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 174.80	Transaction ID : VSEA49H8GJ2	
Amount Incurred This Period 0.00	Payment This Period 174.80	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1795.88
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 329 OF 540
	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 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 126209.99	Transaction ID : VSEA49H7E98	
Amount Incurred This Period 197011.57	Payment This Period 126209.99	Outstanding Balance at Close of This Period 197011.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor For Our Future Action Fund			Nature of Debt (Purpose): Salaries and Benefits
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	

Outstanding Balance Beginning This Period 75955.21	Transaction ID : VSEA49H8BQ9	
Amount Incurred This Period 34977.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110932.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilltop Public Solutions			Nature of Debt (Purpose): Advertising Production and Design
Mailing Address 3000 K St NW Ste 320			
City Washington	State DC	Zip Code 20007-5109	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : VSEA49H8GK0	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	307943.78
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 330 OF 540
	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 156301.82	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	84000.00
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 331 OF 540
	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): Digital Advertising Production
Mailing Address 3050 K St NW NW Ste. 100			
City Washington	State DC	Zip Code 20007-5108	

Outstanding Balance Beginning This Period 11376.46	Transaction ID : VSEA49H8Z51	
Amount Incurred This Period 0.00	Payment This Period 11376.46	Outstanding Balance at Close of This Period 0.00

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)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	393739.66
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) ▶	393739.66

**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 AFSCME Council 32 *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
Mailing Address 8033 Excelsior Dr	Amount 897.94 Transaction ID : VSG8M9TVZX8 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>Madison</td> <td>WI</td> <td>53717-2900</td> </tr> </table>		City	State	Zip Code	Madison	WI	53717-2900
City		State	Zip Code				
Madison	WI	53717-2900					
Purpose of Expenditure Postage	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	6834569.15 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 Council 32 *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
Mailing Address 8033 Excelsior Dr	Amount 897.94 Transaction ID : VSG8M9TVZY6 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>Madison</td> <td>WI</td> <td>53717-2900</td> </tr> </table>		City	State	Zip Code	Madison	WI	53717-2900
City		State	Zip Code				
Madison	WI	53717-2900					
Purpose of Expenditure Postage	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	230994.34 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

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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 4400.00
Transaction ID: VSG8M9TVR05
Date of Disbursement or Obligation

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 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 2000.00
Transaction ID: VSG8M9TVR13
Date of Disbursement or Obligation

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: House Senate 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 04/13/2017

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 6834569.15

Full Name of Payee Asian Journal Publications
Mailing Address 3700 W Desert Inn Rd Ste A
City Las Vegas State NV Zip Code 89102-8377
Purpose of Expenditure Newspaper Advertisement
Category/Type 004
Date of Public Distribution/Dissemination 10 / 20 / 2016
Amount 4000.00
Transaction ID : VSG8M9TM321
Date of Disbursement or Obligation 10 / 21 / 2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 355033.02

(a) SUBTOTAL of Itemized Independent Expenditures 4000.00
(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 04 / 13 / 2017

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 / 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>	
City Las Vegas	State NV	Zip Code 89102-8377	Transaction ID : VSG8M9TSQ24 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Newspaper Advertisement		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"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <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;">355033.02</div>			

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 11 / 03 / 2016	
Mailing Address 3700 W Desert Inn Rd Ste A		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City Las Vegas	State NV	Zip Code 89102-8377	Transaction ID : VSG8M9TWCJ9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
Purpose of Expenditure Newspaper Advertisement		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"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> 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;">6834569.15</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</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, , ,

 Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

**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 Asian Journal Publications			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 3700 W Desert Inn Rd Ste A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
City Las Vegas	State NV	Zip Code 89102-8377			
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	Transaction ID : VSG8M9TWC 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: 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"/> Other (specify) ▶ _____ District: _____ State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 355033.02			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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 15 / 2016</div>		
Mailing Address 1617 W 6Th St Ste B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5314.23</div>		
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	Transaction ID : VSG8M9VMP14 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 / 28 / 2016</div>		
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"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: <u>08</u> State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 31643.66			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;">6314.23</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

04 / 13 / 2017

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 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">1646.71</div>
City Austin State TX Zip Code 78703-5080		
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Transaction ID : VSG8M9VMPA6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
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 230994.34		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 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; text-align: right;">617.04</div>
City Austin State TX Zip Code 78703-5080		
Purpose of Expenditure Payment for Printing - Canvassing Literature, As Discl. on Pre-General Report		Transaction ID : VSG8M9VMPF5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
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 230994.34		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;">2263.75</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
 04 / 13 / 2017

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 15 / 2016</div>	
Mailing Address 1617 W 6Th St Ste B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1646.71</div>	
City Austin State TX Zip Code 78703-5080	Transaction ID : VSG8M9VMPH1 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 / 28 / 2016</div>		
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 District: _____ State: _____ <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2016</div>	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>		
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 District: _____ State: _____ <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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;">2263.75</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

04 / 13 / 2017

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 Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 18175.00
Transaction ID : VSG8M9TWHC4
Date of Disbursement or Obligation 11/05/2016

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 Bouchard Gold Communications
Mailing Address 1617 W 6Th St Ste B
City Austin State TX Zip Code 78703-5080
Purpose of Expenditure Printing - Canvassing Literature
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 18175.00
Transaction ID : VSG8M9TWHD2
Date of Disbursement or Obligation 11/05/2016

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 36350.00
(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

04/13/2017

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 : 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: _____ <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6834569.15</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; 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> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">230994.34</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;">47397.70</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
 04 / 13 / 2017

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 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 : VSG8M9TWH75 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
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: <u>08</u> State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 31643.66			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 <div style="border: 1px solid black; padding: 2px; text-align: right;">5909.27</div>		
City Whittier	State CA	Zip Code 90609-1474			
Purpose of Expenditure Printing - Direct Mail		Category/ Type 004	Transaction ID : VSG8M9TMBB0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
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: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 355033.02			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;">8331.84</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
 04 / 13 / 2017

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 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)

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 1477.31
Transaction ID : VSG8M9TMBD6
Date of Disbursement or Obligation

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3939.51
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

04 / 13 / 2017

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 9921.60
Transaction ID : VSG8M9TMBR9
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 6614.40
Transaction ID : VSG8M9TMBX9
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 16536.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 04/13/2017

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 / 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	Transaction ID : VSG8M9TMD05 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
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;">6834569.15</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 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	Transaction ID : VSG8M9TMD13 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,
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		<div style="border: 1px solid black; padding: 2px; text-align: right;">355033.02</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;">5100.00</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
 04 / 13 / 2017

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 / 24 / 2016						
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40817.92</div> Transaction ID : VSG8M9TPGC2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 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>Whittier</td> <td>CA</td> <td>90609-1474</td> </tr> </table>		City	State	Zip Code	Whittier	CA	90609-1474
City		State	Zip Code				
Whittier	CA	90609-1474					
Purpose of Expenditure Actual Cost for Direct Mail							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
6834569.15							

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> Transaction ID : VSG8M9TPGD9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 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>Whittier</td> <td>CA</td> <td>90609-1474</td> </tr> </table>		City	State	Zip Code	Whittier	CA	90609-1474
City		State	Zip Code				
Whittier	CA	90609-1474					
Purpose of Expenditure Actual Cost for Direct Mail							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
6834569.15							

(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>

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 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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 40817.92
Transaction ID : VSG8M9TPGE7
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
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)

(a) SUBTOTAL of Itemized Independent Expenditures 45802.54
(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

04 / 13 / 2017

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10840.40</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Whittier</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90609-1474</td> </tr> </table>		City Whittier	State CA	Zip Code 90609-1474
City Whittier		State CA	Zip Code 90609-1474	
Purpose of Expenditure Actual Cost for 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 <input type="checkbox"/> Other (specify) ▶ _____			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">355033.02</div>	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>			

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>			
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">14580.24</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Whittier</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90609-1474</td> </tr> </table>		City Whittier	State CA	Zip Code 90609-1474
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 <input type="checkbox"/> Other (specify) ▶ _____			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">355033.02</div>	M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">25420.64</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

04 / 13 / 2017

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 Centaur North Strategies	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 / 31 / 2016</div>
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2430.04</div>
City Whittier State CA Zip Code 90609-1474	
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 <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">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 type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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%;">4860.08</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

04 / 13 / 2017

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 Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TVQK2
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: 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"/>		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 Centaur North Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1474		Amount <input type="text"/>	
City Whittier	State CA	Zip Code 90609-1474	Transaction ID : VSG8M9TVQN8
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: 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"/>		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>
--	---

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 <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>			
Mailing Address PO Box 1474	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2326.92 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Whittier</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 90609-1474</td> </tr> </table>		City Whittier	State CA	Zip Code 90609-1474
City Whittier		State CA	Zip Code 90609-1474	
Purpose of Expenditure Direct Mail Services	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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6834569.15 </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 Eskamani, Ida, , ,	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address 1302 E Gore St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.33 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Orlando</td> <td style="width:17%; padding: 2px;">State FL</td> <td style="width:50%; padding: 2px;">Zip Code 32806-1463</td> </tr> </table>		City Orlando	State FL	Zip Code 32806-1463
City Orlando		State FL	Zip Code 32806-1463	
Purpose of Expenditure Reimbursement - Shipping	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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6834569.15 </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;"> 2349.25 </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
04 / 13 / 2017

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 Eskamani, Ida, , ,	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>			
Mailing Address 1302 E Gore St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 22.33 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Orlando</td> <td style="width:17%;">State FL</td> <td style="width:50%;">Zip Code 32806-1463</td> </tr> </table>		City Orlando	State FL	Zip Code 32806-1463
City Orlando		State FL	Zip Code 32806-1463	
Purpose of Expenditure Reimbursement - Shipping				
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 District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: FL			
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 8172.00 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:17%;">State TX</td> <td style="width:50%;">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				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____			
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;"> M M / D D / Y Y Y Y Y Y 8194.33 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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
 04 / 13 / 2017

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 : VSG8M9TPH59
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)

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 Senate State:
Disbursement For: Primary General 2016 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 04/13/2017
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 Memo Item Extra Extras, Inc.

Date of Public Distribution/Dissemination 10 / 24 / 2016

Mailing Address 151 E Los Torritos St

Amount 8172.00

City State Zip Code Weslaco TX 78596-5333

Transaction ID : VSG8M9TPH91

Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004

Date of Disbursement or Obligation 10 / 21 / 2016

Name of Federal Candidate: HECK, JOE, , , Support Oppose

Office Sought: House Senate District: NV

Calendar Year-To-Date Per Election for Office Sought 355033.02

Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Memo Item Extra Extras, Inc.

Date of Public Distribution/Dissemination 10 / 31 / 2016

Mailing Address 151 E Los Torritos St

Amount 9774.00

City State Zip Code Weslaco TX 78596-5333

Transaction ID : VSG8M9TV8K1

Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004

Date of Disbursement or Obligation 10 / 21 / 2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support Oppose

Office Sought: House Senate District: State:

Calendar Year-To-Date Per Election for Office Sought 6834569.15

Disbursement For: Primary General 2016 Other (specify)

Table with 2 columns: Description and Amount. Includes rows for (a) SUBTOTAL of Itemized Independent Expenditures (17946.00), (a) SUBTOTAL of Unitemized Independent Expenditures, and (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 04 / 13 / 2017

**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 10 / 31 / 2016			
Mailing Address 151 E Los Torritos St	Amount 9774.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black;">State TX</td> <td>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: 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	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 / 31 / 2016			
Mailing Address 151 E Los Torritos St	Amount 9774.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Weslaco</td> <td style="width:17%; border-right: 1px solid black;">State TX</td> <td>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: 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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	19548.00
(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

04 / 13 / 2017

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"/>
City Weslaco	State TX	Zip Code 78596-5333	9774.00
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type <input type="text"/>	Transaction ID : VSG8M9TV8P5 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		355033.02	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"/>
City Weslaco	State TX	Zip Code 78596-5333	3870.00
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Category/Type <input type="text"/>	Transaction ID : VSG8M9VND06 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"/>		6834569.15	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 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"/>
City Weslaco State TX Zip Code 78596-5333	Transaction ID : VSG8M9VND22
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	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"/> 6834569.15	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"/>
City Weslaco State TX Zip Code 78596-5333	Transaction ID : VSG8M9VND30
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	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 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"/> 355033.02	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; 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 Extra Extras, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
Mailing Address 151 E Los Torritos St	Amount 3870.00		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid gray; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid gray; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX
City Weslaco	State TX	Zip Code 78596-5333	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	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 355033.02	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 2772.00		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid gray; padding: 2px;">City Weslaco</td> <td style="width:17%; border-right: 1px solid gray; padding: 2px;">State TX</td> <td style="padding: 2px;">Zip Code 78596-5333</td> </tr> </table>		City Weslaco	State TX
City Weslaco	State TX	Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8	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 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	6642.00
(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
04 / 13 / 2017

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;"> M M / D D / Y Y Y Y 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</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 Canvassing Services from 11/7-11/8				
Category/Type 004	Transaction ID : VSG8M9VNDF4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 21 / 2016 </div>			

Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , , <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 6834569.15	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;"> M M / D D / Y Y Y Y 11 / 07 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2772.00</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 Canvassing Services from 11/7-11/8				
Category/Type 004	Transaction ID : VSG8M9VNDG2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 21 / 2016 </div>			

Name of Federal Candidate: <input type="checkbox"/> Support HECK, JOE, , , <input checked="" 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 355033.02	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

 / /
 04 / 13 / 2017

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 / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination 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 : VSG8M9VNDHO Date of Disbursement or Obligation 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">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 Canvassing Services from 11/7-11/8 Category/Type 004				

Name of Federal Candidate: <input type="checkbox"/> Support 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 355033.02	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 / 20 / 2016			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1290.00</div> Transaction ID : VSG8M9VNHB2 Date of Disbursement or Obligation 10 / 21 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">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 10/20-10/23 Category/Type 004				

Name of Federal Candidate: <input checked="" type="checkbox"/> Support TITUS, DINA, , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
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) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4062.00</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

04 / 13 / 2017

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 <div style="border: 1px solid black; padding: 2px;"> 10 / 20 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1290.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">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 10/20-10/23				
Name of Federal Candidate: ROSEN, JACKY, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12275.99</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
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 Extra Extras, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>			
Mailing Address 151 E Los Torritos St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2724.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">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				
Name of Federal Candidate: TITUS, DINA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">14002.26</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
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;">4014.00</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

 / /
04 / 13 / 2017

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 10 / 24 / 2016			
Mailing Address 151 E Los Torritos St	Amount 2724.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">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				
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	12275.99			
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 Extra Extras, Inc.	Date of Public Distribution/Dissemination 10 / 31 / 2016			
Mailing Address 151 E Los Torritos St	Amount 3258.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Weslaco</td> <td style="width:17%; border-bottom: 1px solid black;">State TX</td> <td style="width:50%; border-bottom: 1px solid black;">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: 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	14002.26			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	5982.00
(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.

Signature Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date 04 / 13 / 2017

**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"/> 3258.00 Transaction ID : VSG8M9VNHN1 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 10/31-11/6 Category/Type 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) ▶

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"/> 924.00 Transaction ID : VSG8M9VNHP9 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 Canvassing Services from 11/7-11/8 Category/Type 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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4182.00
(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 / /

Full Name of Payee <input type="checkbox"/> Memo Item Extra Extras, Inc.	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address 151 E Los Torritos St	Amount 924.00 Transaction ID : VSG8M9VNHQ7 Date of Disbursement or Obligation 10 / 21 / 2016
City Weslaco State TX Zip Code 78596-5333	
Purpose of Expenditure Canvassing Services from 11/7-11/8 Category/Type 004	
Name of Federal Candidate: ROSEN, JACKY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate 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) ▶

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Fedex Office	Date of Public Distribution/Dissemination 10 / 28 / 2016
Mailing Address 1612 K St NW	Amount 22.33 Transaction ID : VSG8M9TT3S0 Date of Disbursement or Obligation / /
City Washington State DC Zip Code 20006-2802	
Purpose of Expenditure Printing - Canvassing Literature Reimbursement to Ida Eskamani 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 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	924.00
(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

04 / 13 / 2017

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 Fedex Office * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1612 K St NW	Amount <input type="text"/> 22.33
City Washington State DC Zip Code 20006-2802	
Purpose of Expenditure Printing - Canvassing Literature, Reimbursement to Ida Eskamani	Transaction ID : VSG8M9TT3T8 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"/> 1147692.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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"/> 106.69
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Payment for Printing - Canvassing Literature	Transaction ID : VSG8M9TNE38 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"/> 6834569.15	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"/> 106.69
(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 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">20059.05</div> Transaction ID : VSG8M9TPHB6 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%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
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	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; width: 200px; margin: 0 auto;">6834569.15</div>				

Full Name of Payee <input 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">1184.70</div> Transaction ID : VSG8M9TPHC4 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%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
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 District: _____ 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; width: 200px; margin: 0 auto;">355033.02</div>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">21243.75</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 04 / 13 / 2017
 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 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 1184.70 Transaction ID : VSG8M9TPHD2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
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 355033.02	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 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 1184.70 Transaction ID : VSG8M9TPHE0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
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"/> President <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought 5102.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2369.40
(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
 04 / 13 / 2017

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 Fieldworks 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;">10 / 24 / 2016</div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4475.10</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
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	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; display: inline-block; width: 150px; text-align: right;">85347.65</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Fieldworks 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;">10 / 24 / 2016</div>
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">14399.25</div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	
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	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; display: inline-block; width: 150px; text-align: right;">930676.78</div>	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">18874.35</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 04 / 13 / 2017

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 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 15583.95
Transaction ID : VSG8M9TPHH4
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 6834569.15

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 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 28041.00
Transaction ID : VSG8M9TV8S9
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 43624.95
(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

04 / 13 / 2017

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 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 21117.45
Transaction ID : VSG8M9TV8T7
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 6834569.15

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 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1255.20
Transaction ID : VSG8M9TV8V5
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: MASTO, CATHERINE CORTEZ, ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 355033.02

(a) SUBTOTAL of Itemized Independent Expenditures 22372.65
(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 04/13/2017
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 Fieldworks LLC	Date of Public Distribution/Dissemination 10 / 31 / 2016			
Mailing Address PO Box 9897	Amount 1255.20 Transaction ID : VSG8M9TV8X0 Date of Disbursement or Obligation 10 / 21 / 2016			
<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 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
Name of Federal Candidate: KIHUEN, RUBEN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought	5102.13 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 Fieldworks LLC	Date of Public Distribution/Dissemination 10 / 31 / 2016			
Mailing Address PO Box 9897	Amount 1255.20 Transaction ID : VSG8M9TV8Y8 Date of Disbursement or Obligation 10 / 21 / 2016			
<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 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6				
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: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought	355033.02 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2510.40
(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

04 / 13 / 2017

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 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 6923.55
Transaction ID : VSG8M9TV8Z6
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House Senate State: NC
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 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 19862.25
Transaction ID : VSG8M9TV904
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)

(a) SUBTOTAL of Itemized Independent Expenditures 26785.80
(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 04/13/2017

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

Full Name of Payee <input 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	
City Washington State DC Zip Code 20016-8897	Amount 19862.25
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type 004
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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 Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 9897	
City Washington State DC Zip Code 20016-8897	Amount 9514.43
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	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 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	29376.68
(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
04 / 13 / 2017

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
Calendar Year-To-Date Per Election for Office Sought 6834569.15

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
Calendar Year-To-Date Per Election for Office Sought 930676.78

(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] Date 04/13/2017
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 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 04/13/2017
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 Fieldworks LLC	Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address PO Box 9897	Amount 908.10
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 Category/Type 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 355033.02	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 Fieldworks LLC	Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address PO Box 9897	Amount 1817.70
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 85347.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2725.80
(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 04 / 13 / 2017

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 Fieldworks LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016			
Mailing Address PO Box 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">908.10</div> Transaction ID : VSG8M9VNBKH3 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%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23				
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"/> President <input type="checkbox"/> Senate District: <u>04</u> State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought 5102.13	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 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">14399.25</div> Transaction ID : VSG8M9VNBKJ1 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%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
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 <input type="checkbox"/> President District: _____ State: <u>PA</u>			
Calendar Year-To-Date Per Election for Office Sought 930676.78	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;">15307.35</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.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

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 Fieldworks LLC	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address PO Box 9897	Amount 12393.53			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Washington</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State DC</td> <td style="padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8	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 6834569.15	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 Fieldworks LLC	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address PO Box 9897	Amount 9617.78			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Washington</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State DC</td> <td style="padding: 2px;">Zip Code 20016-8897</td> </tr> </table>		City Washington	State DC	Zip Code 20016-8897
City Washington		State DC	Zip Code 20016-8897	
Purpose of Expenditure Canvassing Services from 11/7-11/8	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 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	22011.31
(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

04 / 13 / 2017

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 Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 8711.48
Transaction ID : VSG8M9VNKN5
Date of Disbursement or Obligation 10/21/2016

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 930676.78
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 Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 8711.48
Transaction ID : VSG8M9VNKP3
Date of Disbursement or Obligation 10/21/2016

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 930676.78
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 17422.96
(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, ,

[Electronically Filed]

Date

04 / 13 / 2017

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 Fieldworks LLC		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 : VSG8M9VNKQ0
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/Type <input type="text"/>	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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
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 Fieldworks LLC		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 : VSG8M9VNKR8
Purpose of Expenditure Canvassing Services from 11/7-11/8		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: NV
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 Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 2775.75
Transaction ID : VSG8M9VNKS6
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 85347.65

Full Name of Payee Fieldworks LLC
Mailing Address PO Box 9897
City Washington State DC Zip Code 20016-8897
Purpose of Expenditure Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 906.30
Transaction ID : VSG8M9VNKT4
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: KIHUEN, RUBEN, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5102.13

(a) SUBTOTAL of Itemized Independent Expenditures 3682.05
(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 04/13/2017
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 Fieldworks LLC	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 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 87.40 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Payment for Printing - Canvassing Literature Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
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 District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Other State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">6834569.15</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 Fieldworks LLC	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 9897	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 87.40 </div>
City Washington State DC Zip Code 20016-8897	
Purpose of Expenditure Payment for Printing - Canvassing Literature Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
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: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">85347.65</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;"> 174.80 </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
04 / 13 / 2017

Signature

: 97 `A -G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SE

Transaction ID : VSG8M9W4AG4

This payment was added and applied to the debt owed to Fieldworks from Schedule D of the Pre-General report. The committee has since determined that the reported figure was included within a payment to this vendor during this reporting period.

Form/Schedule: SE

Transaction ID: VSG8M9W4AH2

This payment was added and applied to the debt owed to Fieldworks from Schedule D of the Pre-General report. The committee has since determined that the reported figure was included within a payment to this vendor during this reporting period.

**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 Fieldworks LLC	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 : VSG8M9W4AJ0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Printing - Canvassing Literature Category/Type <input type="text"/>	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: _____ <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ 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 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input 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 : VSG8M9VNM02 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report Category/Type <input type="text"/>	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 type="checkbox"/> Other (specify) ▶ 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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : VSG8M9W4AJ0

This transaction was originally disclosed as a memo item and debt owed to Fieldworks on Schedule D of the Post-General report. The committee has since determined that the reported figure was included within a payment to this vendor during this reporting period.

Form/Schedule:

Transaction ID:

**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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2862.00</div> Transaction ID : VSG8M9VNM19 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report 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: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">623.58</div> Transaction ID : VSG8M9VNM27 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report 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 District: _____ State: <u>OH</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 192443.85	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;">3485.58</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
04 / 13 / 2017

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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7187.58</div> Transaction ID : VSG8M9VNM35 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report 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 930676.78	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 For Our Future Action Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7187.58</div> Transaction ID : VSG8M9VNM43 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report 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 State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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;">14375.16</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, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 04 / 13 / 2017

**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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15443.16</div>
City Washington	State DC	
Zip Code 20006-4112	Category/Type 004	Transaction ID : VSG8M9VNM51 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,
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 6834569.15		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15443.16</div>
City Washington	State DC	
Zip Code 20006-4112	Category/Type 004	Transaction ID : VSG8M9VNM69 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, ,
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 6834569.15		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%;">30886.32</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
 04 / 13 / 2017

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 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"/> 623.58
City Washington	State DC	
Zip Code 20006-4112	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNM77 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Canvassing Services for 10/10-10/16 as Disclosed on Pre-General Report		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85		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 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"/> 754.86
City Washington	State DC	
Zip Code 20006-4112	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNNH7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose STRICKLAND, TED, , ,
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 District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85		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"/> 1378.44
(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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">754.86</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNNJ5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Name of Federal Candidate: PORTMAN, ROB, , , <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>OH</u>
Calendar Year-To-Date Per Election for Office Sought 192443.85		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3311.03</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNNK2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 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 1147692.46		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;">4065.89</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
04 / 13 / 2017

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 For Our Future Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 888 16Th St NW Ste 650			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1103.68</div>		
City Washington	State DC	Zip Code 20006-4112			
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report		Category/Type 004	Transaction ID : VSG8M9VNNM0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
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 1147692.46			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 For Our Future Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 888 16Th St NW Ste 650			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6531.18</div>		
City Washington	State DC	Zip Code 20006-4112			
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report		Category/Type 004	Transaction ID : VSG8M9VNNN8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 930676.78			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;">7634.86</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>

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
04 / 13 / 2017

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 type="checkbox"/> Memo Item	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 : VSG8M9VNNP6
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report	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 <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 930676.78	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 type="checkbox"/> Memo Item	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 : VSG8M9VNNQ4
Purpose of Expenditure Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report	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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6834569.15	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"/> 22646.62
(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 For Our Future Action Fund	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 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 16115.44 </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9VNNR2 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 Payment for Canvassing Services for 10/3-10/9 as Disclosed on Pre-General Report	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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 For Our Future Action Fund *	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 888 16Th St NW Ste 650	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 50857.42 </div>
City Washington State DC Zip Code 20006-4112	Transaction ID : VSG8M9TV9F1 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 Canvassing Services from 10/31-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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;"> 16115.44 </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
04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 50857.42
Transaction ID : VSG8M9TV9G9
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 6834569.15

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 15183.94
Transaction ID : VSG8M9TV9H6
Date of Disbursement or Obligation

Name of Federal Candidate: MURPHY, PATRICK E., ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1147692.46

(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 04/13/2017

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 5061.31
Transaction ID : VSG8M9TV9J4
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 1147692.46

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1503.36
Transaction ID : VSG8M9TV9K2
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 192443.85

(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

04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 8863.56
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 930676.78
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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 8863.56
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 930676.78
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

04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1503.36
Transaction ID : VSG8M9VNNV6
Date of Disbursement or Obligation

Name of Federal Candidate: PORTMAN, ROB, ,
Support Oppose
Office Sought: House Senate State: OH
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 Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 18653.25
Transaction ID : VSG8M9VNNW4
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 04/13/2017

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 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 18653.25 Transaction ID : VSG8M9VNNX1 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 Canvassing Services from 11/7-11/8 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 6834569.15	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 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 4214.73 Transaction ID : VSG8M9VNNY9 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 Canvassing Services from 11/7-11/8 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 930676.78	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
 04 / 13 / 2017

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 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8		Category/Type 004	
Name of Federal Candidate: STRICKLAND, TED, , ,		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 192443.85		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 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650			
City Washington	State DC	Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8		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 1147692.46		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
 04 / 13 / 2017

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 Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 4214.73
Transaction ID : VSG8M9VNP13
Date of Disbursement or Obligation

Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, ,
Support Oppose
Office Sought: House Senate
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 Canvassing Services from 11/7-11/8
Category/Type 004
Date of Public Distribution/Dissemination 11/07/2016
Amount 908.28
Transaction ID : VSG8M9VNP21
Date of Disbursement or Obligation

Name of Federal Candidate: PORTMAN, ROB, ,
Support Oppose
Office Sought: House Senate
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

04 / 13 / 2017

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 For Our Future Action Fund *	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 1691.28 Transaction ID : VSG8M9VNP39 Date of Disbursement or Obligation / /
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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 1147692.46	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 For Our Future Action Fund	Date of Public Distribution/Dissemination 10 / 24 / 2016
Mailing Address 888 16Th St NW Ste 650	Amount 49679.78 Transaction ID : VSG8M9TPHJ2 Date of Disbursement or Obligation 11 / 28 / 2016
City Washington State DC Zip Code 20006-4112	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 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 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	49679.78
(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 04 / 13 / 2017

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 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;">49679.78</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Transaction ID : VSG8M9TPHK0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
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 6834569.15		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 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;">15165.14</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Transaction ID : VSG8M9TPHM8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 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 1147692.46		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;">64844.92</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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Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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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 For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
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 5055.05
Transaction ID : VSG8M9TPHN5
Date of Disbursement or Obligation 11/28/2016

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 1147692.46

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 Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 1597.32
Transaction ID : VSG8M9TPHP3
Date of Disbursement or Obligation 11/28/2016

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 192443.85

(a) SUBTOTAL of Itemized Independent Expenditures 6652.37
(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 04/13/2017
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 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;">7642.08</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Transaction ID : VSG8M9TPHQ1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
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 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 930676.78		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 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;">7642.08</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Transaction ID : VSG8M9TPHR9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
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: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 930676.78		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;">15284.16</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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Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

[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 For Our Future Action Fund		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 </div>
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 393.84 </div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type 004
Name of Federal Candidate: PORTMAN, ROB, , , <input type="checkbox"/> Support <input checked="" 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 M M / D D / Y Y Y Y Y Y 192443.85		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 For Our Future Action Fund		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 </div>
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 3905.58 </div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		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: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 930676.78		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;"> M M / D D / Y Y Y Y Y Y 4299.42 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

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 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 : VSG8M9VNMN7
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type <input type="text"/> 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 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"/> 930676.78		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 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 : VSG8M9VNMR1
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type <input type="text"/> 004	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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85		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"/> 4299.42
(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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">373.50</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNMT7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
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: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1147692.46		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 For Our Future Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1120.50</div>
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Transaction ID : VSG8M9VNMW3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 28 / 2016
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: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1147692.46		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;">1494.00</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
04 / 13 / 2017

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 Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J., , Support Oppose
Office Sought: President
Disbursement For: General 2016
Amount 7287.42
Transaction ID: VSG8M9VNMZ6
Date of Disbursement or Obligation 11/28/2016
Calendar Year-To-Date Per Election for Office Sought 6834569.15

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 Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , Support Oppose
Office Sought: President
Disbursement For: General 2016
Amount 7287.42
Transaction ID: VSG8M9VNN44
Date of Disbursement or Obligation 11/28/2016
Calendar Year-To-Date Per Election for Office Sought 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 14574.84
(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

04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 27630.50
Transaction ID : VSG8M9VNN86
Date of Disbursement or Obligation 11/28/2016

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 For Our Future Action Fund
Mailing Address 888 16Th St NW Ste 650
City Washington State DC Zip Code 20006-4112
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 27630.50
Transaction ID : VSG8M9VNN93
Date of Disbursement or Obligation 11/28/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55261.00
(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 04/13/2017

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 For Our Future Action Fund		Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount 4008.96
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Transaction ID : VSG8M9VNNNA1 Date of Disbursement or Obligation 11 / 28 / 2016
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 930676.78		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 For Our Future Action Fund		Date of Public Distribution/Dissemination 10 / 20 / 2016
Mailing Address 888 16Th St NW Ste 650		Amount 469.80
City Washington State DC Zip Code 20006-4112		
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Transaction ID : VSG8M9VNNB9 Date of Disbursement or Obligation 11 / 28 / 2016
Name of Federal Candidate: STRICKLAND, TED, , ,		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 192443.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4478.76
(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 04 / 13 / 2017

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 For Our Future Action Fund	Date of Public Distribution/Dissemination 10 / 20 / 2016						
Mailing Address 888 16Th St NW Ste 650	Amount 8681.90 Transaction ID : VSG8M9VNNC7 Date of Disbursement or Obligation 11 / 28 / 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>Washington</td> <td>DC</td> <td>20006-4112</td> </tr> </table>		City	State	Zip Code	Washington	DC	20006-4112
City		State	Zip Code				
Washington	DC	20006-4112					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
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: _____ <input type="checkbox"/> President <input type="checkbox"/> Other 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) ▶ _____ 1147692.46						

Full Name of Payee <input type="checkbox"/> Memo Item For Our Future Action Fund	Date of Public Distribution/Dissemination 10 / 20 / 2016						
Mailing Address 888 16Th St NW Ste 650	Amount 4008.96 Transaction ID : VSG8M9VNND5 Date of Disbursement or Obligation 11 / 28 / 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>Washington</td> <td>DC</td> <td>20006-4112</td> </tr> </table>		City	State	Zip Code	Washington	DC	20006-4112
City		State	Zip Code				
Washington	DC	20006-4112					
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23							
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"/> Other State: <u>PA</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) ▶ _____ 930676.78						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	12690.86
(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

04 / 13 / 2017

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 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"/> 469.80
City Washington	State DC	
Zip Code 20006-4112	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNNNE3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,
Name of Federal Candidate: PORTMAN, ROB, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85		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 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"/> 2893.97
City Washington	State DC	
Zip Code 20006-4112	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNNNF1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Rubio, Marco, , ,
Name of Federal Candidate: Rubio, Marco, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1147692.46		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"/> 3363.77
(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 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"/> 1597.32
City Washington	State DC	
Zip Code 20006-4112	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNNS0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		Name of Federal Candidate: PORTMAN, ROB, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: PORTMAN, ROB, , , <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 checked="" type="checkbox"/> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85		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 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"/> 60022.22
City Boston	State MA	
Zip Code 02112-0557	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9VNP55 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23		Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
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 District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6834569.15		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"/> 61619.54
(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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60022.22</div>
City Boston	State MA	
Zip Code 02112-0557	Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	Category/Type 004
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,		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; text-align: right;">6834569.15</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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17205.17</div>
City Boston	State MA	
Zip Code 02112-0557	Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	Category/Type 004
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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;">77227.39</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
04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 17205.17
Transaction ID : VSG8M9VNPC0
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)

Full Name of Payee Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
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 5352.13
Transaction ID : VSG8M9VNP08
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 22557.30
(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 04/13/2017

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 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 Actual Cost for Canvassing Services from 10/20-10/23		Transaction ID : VSG8M9VNPJ7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	District: _____ 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	

Full Name of Payee <input 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 Actual Cost for Canvassing Services from 10/20-10/23		Transaction ID : VSG8M9VNPJ7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/>		

Name of Federal Candidate: KANDER, JASON, ,	<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: MO
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	

(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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 232679.40
Transaction ID : VSG8M9TVA13
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 Grassroots Campaigns, Inc.
Mailing Address PO Box 120557
City Boston State MA Zip Code 02112-0557
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 232679.40
Transaction ID : VSG8M9TVA39
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 465358.80
(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

04 / 13 / 2017

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 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	Transaction ID : VSG8M9TVAB2
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		Category/Type <input type="text"/>	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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
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 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	Transaction ID : VSG8M9TVAD8
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6		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: PA
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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 125793.92 </div>
City Boston	State MA	
Zip Code 02112-0557	Transaction ID : VSG8M9TPJ10 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6834569.15 </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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 125793.92 </div>
City Boston	State MA	
Zip Code 02112-0557	Transaction ID : VSG8M9TPJ36 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6834569.15 </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;"> 251587.84 </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
 04 / 13 / 2017

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 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	Transaction ID : VSG8M9TPJ44
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type <input type="text"/> 004	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: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1147692.46	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 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	Transaction ID : VSG8M9TPJ52
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30 Category/Type <input type="text"/> 004	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 <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1147692.46	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"/> 41096.05
(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 04 / 13 / 2017

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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>			
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43601.81</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Boston</td> <td style="width:17%; border-right: 1px solid black;">State MA</td> <td>Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA	Zip Code 02112-0557
City Boston		State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
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: <u>PA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</div> 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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>			
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43601.81</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Boston</td> <td style="width:17%; border-right: 1px solid black;">State MA</td> <td>Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA	Zip Code 02112-0557
City Boston		State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30				
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 State: <u>PA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</div> 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;">87203.62</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

 / /
04 / 13 / 2017

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 Grassroots Campaigns, 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> 10 / 24 / 2016		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12526.69 </div>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Boston</td> <td style="width:33%;">State MA</td> <td style="width:33%;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	Category/Type 004		
Transaction ID : VSG8M9TPJ86 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			

Name of Federal Candidate: KANDER, JASON, , ,	<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>MO</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 53211.43 </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 Grassroots Campaigns, 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> 10 / 31 / 2016		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 49583.21 </div>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Boston</td> <td style="width:33%;">State MA</td> <td style="width:33%;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type 004		
Transaction ID : VSG8M9TVA54 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 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	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1147692.46 </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;"> 62109.90 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 62109.90 </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]**
 Signature

Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

**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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16527.74</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Rubio, Marco, , , <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 1147692.46	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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2016 </div>		
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16651.95</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA
City Boston	State MA	Zip Code 02112-0557	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	Category/Type 004		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support KANDER, JASON, , , <input type="checkbox"/> Oppose	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 53211.43	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;">33179.69</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 04 / 13 / 2017
 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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">82151.63</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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 6834569.15	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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 07 / 2016 </div>
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">82151.63</div>
City Boston State MA Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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 6834569.15	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;">164303.26</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

04 / 13 / 2017

Signature

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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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016	
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37023.77</div>	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9VNQ99 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Purpose of Expenditure Canvassing Services from 11/7-11/8		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 type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</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;">930676.78</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016	
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16922.95</div>	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9VNA7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Purpose of Expenditure Canvassing Services from 11/7-11/8		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 District: _____ 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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">53946.72</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
04 / 13 / 2017

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 Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016			
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 6176.13 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA	Zip Code 02112-0557
City Boston		State MA	Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8				
Name of Federal Candidate: KANDER, JASON, , ,	<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) ▶			
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 type="checkbox"/> Memo Item Grassroots Campaigns, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016			
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 37023.77 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Boston</td> <td style="width:17%; padding: 2px;">State MA</td> <td style="width:50%; padding: 2px;">Zip Code 02112-0557</td> </tr> </table>		City Boston	State MA	Zip Code 02112-0557
City Boston		State MA	Zip Code 02112-0557	
Purpose of Expenditure Canvassing Services from 11/7-11/8				
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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶			
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; display: inline-block; width: 150px;"> 43199.90 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 43199.90 </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
 04 / 13 / 2017

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 Grassroots Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016	
Mailing Address PO Box 120557		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5640.98</div>	
City Boston	State MA	Zip Code 02112-0557	Transaction ID : VSG8M9VNQD1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Purpose of Expenditure Canvassing Services from 11/7-11/8		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		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; display: inline-block;">1147692.46</div>			

Full Name of Payee <input type="checkbox"/> Memo Item GRSG Company		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address 1701 Pennsylvania Ave NW Ste 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18510.00</div>	
City Washington	State DC	Zip Code 20006-5813	Transaction ID : VSG8M9TPHT5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30		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		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; display: inline-block;">6834569.15</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24150.98</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 04 / 13 / 2017
 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 MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 24 / 2016 </div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18510.00 </div>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9TPHV3 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 27 / 2016 </div>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>
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;">6834569.15</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 GRSG Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 24 / 2016 </div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6941.25 </div>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9TPHW1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 27 / 2016 </div>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/24-10/30	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>
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 <div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</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;"> 25451.25 </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 MM / DD / YYYY
04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/24-10/30
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 2313.75
Transaction ID : VSG8M9TPHX9
Date of Disbursement or Obligation 10/27/2016

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 1147692.46

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 25038.00
Transaction ID : VSG8M9TV9P6
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 27351.75
(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 04/13/2017

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 GRSG Company	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25038.00</div> Transaction ID : VSG8M9TV9Q4 Date of Disbursement or Obligation 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
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 6834569.15	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 GRSG Company	Date of Public Distribution/Dissemination 10 / 31 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9389.25</div> Transaction ID : VSG8M9TV9Z7 Date of Disbursement or Obligation 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual 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: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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;">34427.25</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

04 / 13 / 2017

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 GRSG Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2016 </div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 3129.75 </div>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9TVA05 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
Purpose of Expenditure Actual 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 type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 GRSG Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11202.00 </div>
City Washington State DC Zip Code 20006-5813	Transaction ID : VSG8M9VNM6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 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 6834569.15	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;"> M M / D D / Y Y Y Y Y Y 14331.75 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </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
04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 11202.00
Transaction ID : VSG8M9VNQN4
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6834569.15

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 Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 1400.25
Transaction ID : VSG8M9VNP2
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Rubio, Marco, ,
Support Oppose
Office Sought: Senate
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 1147692.46

(a) SUBTOTAL of Itemized Independent Expenditures 12602.25
(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 04/13/2017

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 GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4200.75</div> Transaction ID : VSG8M9VNQQO Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23 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: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11478.00</div> Transaction ID : VSG8M9VNS5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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: _____ <input type="checkbox"/> House
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">15678.75</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
 04 / 13 / 2017

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 type="checkbox"/> Memo Item GRSG Company	Date of Public Distribution/Dissemination 11 / 07 / 2016						
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11478.00</div> Transaction ID : VSG8M9VNQT3 Date of Disbursement or Obligation 10 / 27 / 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>Washington</td> <td>DC</td> <td>20006-5813</td> </tr> </table>		City	State	Zip Code	Washington	DC	20006-5813
City		State	Zip Code				
Washington	DC	20006-5813					
Purpose of Expenditure Canvassing Services from 11/7-11/8							
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , <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 6834569.15	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 GRSG Company	Date of Public Distribution/Dissemination 11 / 07 / 2016						
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1434.75</div> Transaction ID : VSG8M9VNQV1 Date of Disbursement or Obligation 10 / 27 / 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>Washington</td> <td>DC</td> <td>20006-5813</td> </tr> </table>		City	State	Zip Code	Washington	DC	20006-5813
City		State	Zip Code				
Washington	DC	20006-5813					
Purpose of Expenditure Canvassing Services from 11/7-11/8							
Name of Federal Candidate: <input type="checkbox"/> Support Rubio, Marco, , , <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 1147692.46	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;">12912.75</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

04 / 13 / 2017

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 GRSG Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 1701 Pennsylvania Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4304.25 </div>
City Washington State DC Zip Code 20006-5813	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1000.00 </div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Advertising Production and Design 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 <input type="checkbox"/> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 355033.02	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;"> 5304.25 </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
04 / 13 / 2017

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 Hilltop Public Solutions	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 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3200.00</div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Advertising Production and Design 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: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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 Hilltop Public Solutions	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 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">650.00</div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Advertising Production and Design 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 355033.02	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;">3850.00</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>

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

04 / 13 / 2017

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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 3000 K St NW Ste 320	Amount 150.00 Transaction ID : VSG8M9TMBG6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Advertising Production and Design 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 3000 K St NW Ste 320	Amount 500.00 Transaction ID : VSG8M9TMD21 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Canvassing Literature Design 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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	650.00
(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
 04 / 13 / 2017

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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 500.00 </div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Canvassing Literature Design	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 State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 300.00 </div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for Advertising 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 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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;"> 800.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 800.00 </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
04 / 13 / 2017

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 Hilltop Public Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 90.00 </div>
City Washington State DC Zip Code 20007-5109	
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 <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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 Hilltop Public Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 37.50 </div>
City Washington State DC Zip Code 20007-5109	
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 355033.02	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;"> M M / D D / Y Y Y Y Y Y 127.50 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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
04 / 13 / 2017

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 Hilltop Public Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3000 K St NW Ste 320		Amount <input type="text"/>
City Washington	State DC	Zip Code 20007-5109
Purpose of Expenditure Direct Mail Design Services		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"/> 6834569.15		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 Hilltop Public Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3000 K St NW Ste 320		Amount <input type="text"/>
City Washington	State DC	Zip Code 20007-5109
Purpose of Expenditure Payment for Advertising Production and Design as Disclosed on Pre-General Report		Category/Type <input type="text"/> 004
Name of Federal Candidate: HECK, JOE, , ,		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"/> 355033.02		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"/> 922.50
(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 Hilltop Public Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3000 K St NW Ste 320		Amount <input type="text"/> 100.00
City Washington	State DC	
Zip Code 20007-5109	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9W4AM6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Payment for Advertising Production and Design as Disclosed on Pre-General Report		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,
Name of Federal Candidate: 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 <input type="text"/> 6834569.15		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 Hilltop Public Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3000 K St NW Ste 320		Amount <input type="text"/> 1150.00
City Washington	State DC	
Zip Code 20007-5109	Category/ Type <input type="text"/> 004	Transaction ID : VSG8M9TSPX4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Actual Cost for Direct Mail Services		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MASTO, CATHERINE CORTEZ, , ,
Name of Federal Candidate: MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 355033.02		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"/> 1250.00
(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, , ,
Signature

[Electronically Filed]

Date / /

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : VSG8M9W4AM6

Original vendor disclosed was HSG Campaigns

Form/Schedule:

Transaction ID:

**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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1000.00 </div> Transaction ID : VSG8M9TV7Z3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2016
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for 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 type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 355033.02	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 Hilltop Public Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 500.00 </div> Transaction ID : VSG8M9TV801 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2016
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">1500.00</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
04 / 13 / 2017

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 Hilltop Public Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2016 </div>
Mailing Address 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 500.00 </div> Transaction ID : VSG8M9TV819 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 08 / 2016 </div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for Direct Mail Services 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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 355033.02	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 Hilltop Public Solutions	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 3000 K St NW Ste 320	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 575.00 </div> Transaction ID : VSG8M9TWCE8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 08 / 2016 </div>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for Advertising Design Services 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 6834569.15	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;"> 1075.00 </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, , ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

**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 Hilltop Public Solutions <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3000 K St NW Ste 320	Amount <input type="text"/> 575.00 Transaction ID : VSG8M9TWC6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20007-5109	
Purpose of Expenditure Actual Cost for Advertising 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 <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 355033.02	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 <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 251 Kearny St Ste 300	Amount <input type="text"/> 15000.00 Transaction ID : VSG8M9TW069 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City San Francisco State CA Zip Code 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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6834569.15	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"/> 15575.00
(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 MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Hustle, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>	
Mailing Address 251 Kearny St Ste 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15000.00</div>	
City San Francisco	State CA	Zip Code 94108-4544	Transaction ID : VSG8M9TW077 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>
Purpose of Expenditure Digital Communications		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		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; display: inline-block; width: 150px; text-align: right;">930676.78</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Hustle, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 06 / 2016</div>	
Mailing Address 251 Kearny St Ste 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">17993.00</div>	
City San Francisco	State CA	Zip Code 94108-4544	Transaction ID : VSG8M9TWQT6 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>
Purpose of Expenditure Actual Cost for Digital Communications		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		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; display: inline-block; width: 150px; text-align: right;">6834569.15</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">32993.00</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>

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

04 / 13 / 2017

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 : VSG8M9TWG06
Date of Disbursement or Obligation 11/04/2016

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 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 Senate State: PA
Disbursement For: Primary General 2016 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 04/13/2017

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 Image Plus Graphics, Inc. <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1440 NE 131St St		Amount <input type="text"/>
City North Miami	State FL	Zip Code 33161-4424
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <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 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ 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 Image Plus Graphics, Inc. <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1440 NE 131St St		Amount <input type="text"/>
City North Miami	State FL	Zip Code 33161-4424
Purpose of Expenditure Printing - Canvassing Literature		Category/Type <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 <input type="checkbox"/> President District: _____ 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 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 ▼ <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 IR Media LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
Mailing Address 1900 L St NW NW Ste. 611	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div> Transaction ID : VSG8M9TWC72 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>Washington</td> <td>DC</td> <td>20036-5002</td> </tr> </table>		City	State	Zip Code	Washington	DC	20036-5002
City		State	Zip Code				
Washington	DC	20036-5002					
Purpose of Expenditure Advertising Design Services							
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	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; width: 200px;">6834569.15</div>							

Full Name of Payee <input type="checkbox"/> Memo Item Las Vegas Chinese Daily News	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016						
Mailing Address 4215 Spring Mountain Rd Ste B206A	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">900.00</div> Transaction ID : VSG8M9TM2Z7 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>Las Vegas</td> <td>NV</td> <td>89102-8747</td> </tr> </table>		City	State	Zip Code	Las Vegas	NV	89102-8747
City		State	Zip Code				
Las Vegas	NV	89102-8747					
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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ 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; width: 200px;">355033.02</div>							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6900.00</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
 04 / 13 / 2017

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 10/28/2016
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)

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 11/04/2016
Amount 450.00
Transaction ID : VSG8M9TWFY1
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 1350.00
(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 04/13/2017

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 11 / 04 / 2016
Amount 450.00
Transaction ID : VSG8M9TWFZ8
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 Mack-Sumner Communications, LLC
Mailing Address 2001 N Beaugard 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 / 25 / 2016
Amount 33814.56
Transaction ID : VSG8M9TQJV2
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 34264.56
(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]

Date

04 / 13 / 2017

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 10/25/2016
Amount 33814.57
Transaction ID : VSG8M9TQJW0
Date of Disbursement or Obligation 10/25/2016

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 1147692.46

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 : VSG8M9TQJP3
Date of Disbursement or Obligation 10/26/2016

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 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 71982.66
(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 04/13/2017
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">38168.09</div>
City State Zip Code Alexandria VA 22311-1750	
Purpose of Expenditure Actual Cost for Direct Mail Services Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , <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 6834569.15	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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">41442.18</div>
City State Zip Code Alexandria VA 22311-1750	
Purpose of Expenditure Direct Mail Services Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <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 6834569.15	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;">79610.27</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

04 / 13 / 2017

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 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 Beauregard 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		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TT3M1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
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 1147692.46		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 Beauregard 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		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TT3N9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 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 6834569.15		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, ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

**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 Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54191.50</div> Transaction ID : VSG8M9TT3P7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 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>Alexandria</td> <td>VA</td> <td>22311-1750</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1750
City		State	Zip Code				
Alexandria	VA	22311-1750					
Purpose of Expenditure Direct Mail Services							
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 District: _____ <input type="checkbox"/> President State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41533.41</div> Transaction ID : VSG8M9TT3R2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 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>Alexandria</td> <td>VA</td> <td>22311-1750</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1750
City		State	Zip Code				
Alexandria	VA	22311-1750					
Purpose of Expenditure Direct Mail Services							
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 District: _____ <input type="checkbox"/> President State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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;">95724.91</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, , ,

 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

**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 / 31 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">140645.23</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TV7S6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 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 6834569.15		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 / 31 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">140645.22</div>
City Alexandria State VA Zip Code 22311-1750		
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : VSG8M9TV7T4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
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 1147692.46		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;">281290.45</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
 04 / 13 / 2017

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">41533.42</div>
City Alexandria State VA Zip Code 22311-1750	
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 6834569.15	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 / 24 / 2016</div>
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">42500.61</div>
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 6834569.15	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;">84034.03</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

04 / 13 / 2017

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 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;"> 19979.78 </div>
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TPG80 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 CLINTON, HILLARY RODHAM, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 : VSG8M9TPG98 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 type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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; font-size: 1.2em;">27472.20</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
04 / 13 / 2017

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 Actual Cost for Direct Mail
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 6017.52
Transaction ID : VSG8M9TPGA6
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House Senate State: NC
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 Actual Cost for Direct Mail
Category/Type 004
Date of Public Distribution/Dissemination 10/24/2016
Amount 7492.42
Transaction ID : VSG8M9TPGB4
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 13509.94
(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 04/13/2017

**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 10 / 19 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . 0 0 1380.00 </div> Transaction ID : VSG8M9VMY39 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Payment for 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 85347.65	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 10 / 19 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . 0 0 1380.00 </div> Transaction ID : VSG8M9VMY47 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Paymentt for 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 6834569.15	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;"> M M M M . 0 0 2760.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . 0 0 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . 0 0 2760.00 </div>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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 Actual Cost for Printing - Doorhangers	Transaction ID : VSG8M9TS168 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
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) ▶ _____
930676.78	

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 Actual Cost for Printing - Doorhangers	Transaction ID : VSG8M9TS192 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) ▶ _____
6834569.15	

(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 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"/> 2538.81
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature	Transaction ID : VSG8M9TS1A0 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"/> 6834569.15	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"/> 2538.81
City Glastonbury State CT Zip Code 06033-5006	
Purpose of Expenditure Actual Cost for Printing - Canvassing Literature	Transaction ID : VSG8M9TS1B7 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"/> 85347.65	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"/> 5077.62
(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 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 930676.78
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 6834569.15
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, ,

[Electronically Filed]

Date

04 / 13 / 2017

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 / 28 / 2016			
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5004.04</div> Transaction ID : VSG8M9TT3C8 Date of Disbursement or Obligation 10 / 28 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Glastonbury</td> <td style="width:17%; padding: 2px;">State CT</td> <td style="width:50%; padding: 2px;">Zip Code 06033-5006</td> </tr> </table>		City Glastonbury	State CT	Zip Code 06033-5006
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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought 85347.65	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 / 28 / 2016			
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15043.79</div> Transaction ID : VSG8M9TT3D5 Date of Disbursement or Obligation 10 / 28 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Glastonbury</td> <td style="width:17%; padding: 2px;">State CT</td> <td style="width:50%; padding: 2px;">Zip Code 06033-5006</td> </tr> </table>		City Glastonbury	State CT	Zip Code 06033-5006
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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought 85347.65	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;">20047.83</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>

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Bidel-Niyat, Shirin, . .

[Electronically Filed]

Date

04 / 13 / 2017

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 10 / 28 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15043.79</div> Transaction ID : VSG8M9TT3E3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
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 6834569.15	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 10 / 28 / 2016
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">177310.00</div> Transaction ID : VSG8M9TT3F1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
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 6834569.15	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;">192353.79</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
04 / 13 / 2017

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"/> 6834569.15	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"/> 6834569.15	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"/>

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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 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;"> 1757.50 </div>
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TT3J5 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 Printing - Canvassing Literature 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 85347.65	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;"> 56479.65 </div>
City Glastonbury State CT Zip Code 06033-5006	Transaction ID : VSG8M9TVQQ4 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 Direct Mail Services 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: _____ <input type="checkbox"/> House
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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%;"> 58237.15 </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>

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

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;">11 / 01 / 2016</div>			
Mailing Address 624 Hebron Ave Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">56479.65</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Glastonbury</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State CT</td> <td style="padding: 2px;">Zip Code 06033-5006</td> </tr> </table>		City Glastonbury	State CT	Zip Code 06033-5006
City Glastonbury		State CT	Zip Code 06033-5006	
Purpose of Expenditure Direct Mail Services				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,	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 930676.78	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 New Partners Consulting, 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 / 28 / 2016</div>			
Mailing Address 1250 I St NW Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Washington</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State DC</td> <td style="padding: 2px;">Zip Code 20005-5994</td> </tr> </table>		City Washington	State DC	Zip Code 20005-5994
City Washington		State DC	Zip Code 20005-5994	
Purpose of Expenditure 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 <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____			
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">58979.65</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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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

**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 New Partners Consulting, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016			
Mailing Address 1250 I St NW Ste 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> Transaction ID : VSG8M9TT3Y8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016			
<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 20005-5994</td> </tr> </table>		City Washington	State DC	Zip Code 20005-5994
City Washington		State DC	Zip Code 20005-5994	
Purpose of Expenditure Digital Advertising Buy				
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: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>NV</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ 355033.02	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 New Partners Teleservices *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016			
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div> Transaction ID : VSG8M9VMYB2 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 Saint Cloud</td> <td style="width:17%;">State MN</td> <td style="width:50%;">Zip Code 56302-5021</td> </tr> </table>		City Saint Cloud	State MN	Zip Code 56302-5021
City Saint Cloud		State MN	Zip Code 56302-5021	
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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ 1147692.46	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;">2500.00</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
 Signature 04 / 13 / 2017

**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 New Partners Teleservices *		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016
Mailing Address PO Box 5021		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div>
City Saint Cloud	State MN	
Zip Code 56302-5021	Purpose of Expenditure Voter Outreach Calls	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 6834569.15		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 New Partners Teleservices		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Mailing Address PO Box 5021		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
City Saint Cloud	State MN	
Zip Code 56302-5021	Purpose of Expenditure Payment for Voter Outreach Calls	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 355033.02		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;">500.00</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
04 / 13 / 2017

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 New Partners Teleservices	Date of Public Distribution/Dissemination 11 / 04 / 2016
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
City Saint Cloud State MN Zip Code 56302-5021	
Purpose of Expenditure Payment for Voter Outreach Calls 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 6834569.15	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 New Partners Teleservices	Date of Public Distribution/Dissemination 11 / 05 / 2016
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>
City Saint Cloud State MN Zip Code 56302-5021	
Purpose of Expenditure Payment for Voter Outreach Calls 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: FL
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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;">13000.00</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, , ,

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Date

04 / 13 / 2017

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 New Partners Teleservices		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016	
Mailing Address PO Box 5021		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 12500.00 </div>	
City Saint Cloud	State MN	Zip Code 56302-5021	Transaction ID : VSG8M9VMYH9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 14 / 2016
Purpose of Expenditure Payment for Voter Outreach Calls		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 <input type="checkbox"/> Other (specify) ▶ _____	
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;"> M M / D D / Y Y Y Y Y Y 6834569.15 </div>			

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 / 03 / 2016	
Mailing Address 2046 Westchester Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 6250.00 </div>	
City Silver Spring	State MD	Zip Code 20902-3557	Transaction ID : VSG8M9TWCT3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
Purpose of Expenditure Voter Outreach Calls		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 <input type="checkbox"/> Other (specify) ▶ _____	
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;"> M M / D D / Y Y Y Y Y Y 6834569.15 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 18750.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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
 04 / 13 / 2017

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 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 / 03 / 2016</div>			
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6250.00</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: ROSS, DEBORAH, K, ,	<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) ▶			
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; display: inline-block; width: 150px;">85347.65</div>	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>			

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;">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 Voter Outreach Calls				
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) ▶			
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; display: inline-block; width: 150px;">6834569.15</div>	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>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">18750.00</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
04 / 13 / 2017

**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 11 / 02 / 2016						
Mailing Address 2046 Westchester Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div> Transaction ID : VSG8M9TW0B8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 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 ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought 85347.65	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 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 : VSG8M9TWG22 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 CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">54500.00</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
04 / 13 / 2017

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 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;">1147692.46</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 ParkPress	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016						
Mailing Address 15 Main St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29656.96</div> Transaction ID : VSG8M9VKSH1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 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>Saugus</td> <td>MA</td> <td>01906-2347</td> </tr> </table>		City	State	Zip Code	Saugus	MA	01906-2347
City		State	Zip Code				
Saugus	MA	01906-2347					
Purpose of Expenditure Printing - Stickers							
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;">6834569.15</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;">71656.96</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
04 / 13 / 2017

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : VSG8M9VKSH1

Original vendor disclosed was Mack-Sumner Communications

Form/Schedule:

Transaction ID:

**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 ParkPress <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 15 Main St	Amount <input type="text"/> 29656.95 Transaction ID : VSG8M9W5JR0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Saugus State MA Zip Code 01906-2347	
Purpose of Expenditure Printing - Stickers 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"/> 1147692.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee ParkPress <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 15 Main St	Amount <input type="text"/> 11011.04 Transaction ID : VSG8M9VN0M7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Saugus State MA Zip Code 01906-2347	
Purpose of Expenditure Postage and Delivery 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"/> 6834569.15	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"/> 40667.99
(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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : VSG8M9W5JR0

Original vendor disclosed was Mack-Sumner Communications

Form/Schedule: SE

Transaction ID: VSG8M9VN0M7

Original vendor disclosed was Mack-Sumner Communications

**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 ParkPress	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 15 Main St	Amount <input type="text"/>
City Saugus State MA Zip Code 01906-2347	Transaction ID : VSG8M9W5JS8
Purpose of Expenditure Postage and Delivery Category/Type 004	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"/> 1147692.46	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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	Transaction ID : VSG8M9VNRE9
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: STRICKLAND, TED, , , <input type="checkbox"/> Support <input checked="" 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"/> 192443.85	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"/> 16501.04
(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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : VSG8M9W5JS8

Original vendor disclosed was Mack-Sumner Communications

Form/Schedule:

Transaction ID:

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 Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 1063.37
Transaction ID : VSG8M9VNRH3
Date of Disbursement or Obligation 10/20/2016

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 1147692.46

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2016
Amount 3190.10
Transaction ID : VSG8M9VNRJ1
Date of Disbursement or Obligation 10/20/2016

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 1147692.46

(a) SUBTOTAL of Itemized Independent Expenditures 4253.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date 04/13/2017

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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	Transaction ID : VSG8M9VNRK9
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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 <input type="text"/> 31643.66	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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	Transaction ID : VSG8M9VNRM7
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Gallagher, Michael John, , , <input type="checkbox"/> Support <input checked="" 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 <input type="text"/> 31643.66	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"/> 1319.48
(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.

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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 MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016
Mailing Address 1175 John St		Amount 3509.35 Transaction ID : VSG8M9VNRN5 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016
City State Zip Code West Henrietta NY 14586-9102		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		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 <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: WI
Calendar Year-To-Date Per Election for Office Sought 230994.34		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 Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016
Mailing Address 1175 John St		Amount 3509.35 Transaction ID : VSG8M9VNRP3 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016
City State Zip Code West Henrietta NY 14586-9102		
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report		Category/Type 004
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 230994.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	7018.70
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Signature Bidel-Niyat, Shirin, , , *[Electronically Filed]* Date 04 / 13 / 2017

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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 type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination 10 / 17 / 2016
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21836.16</div>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
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; display: inline-block;">6834569.15</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 Paychex	Date of Public Distribution/Dissemination 10 / 17 / 2016
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21836.16</div>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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;">43672.32</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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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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5490.00</div> Transaction ID : VSG8M9VNRX8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 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>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 Payment for Canvassing Services from 10/17-10/19 as Disclosed on Pre-General Report							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PORTMAN, ROB, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: OH						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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 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;">50605.50</div> Transaction ID : VSG8M9TPGT2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 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>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 Actual 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 type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6834569.15</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;">56095.50</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, , ,
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 Date M M / D D / Y Y Y Y Y Y
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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 MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50605.50</div> Transaction ID : VSG8M9TPGV0 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">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 Actual 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 <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; display: inline-block;">6834569.15</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 Paychex	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9294.22</div> Transaction ID : VSG8M9TPGW8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">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 Actual 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 <input checked="" type="checkbox"/> Senate District: _____ State: WI			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">230994.34</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;">59899.72</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

MM / DD / YYYY
04 / 13 / 2017

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 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; display: inline-block;"> 9294.22 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City West Henrietta</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NY</td> <td style="padding: 2px;">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 Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	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 <input type="checkbox"/> Other (specify) _____ District: _____ State: WI			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 230994.34 </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016				

Full Name of Payee <input 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; display: inline-block;"> 1747.26 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City West Henrietta</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NY</td> <td style="padding: 2px;">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 Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: Gallagher, Michael John, , ,	Category/Type 004			
Name of Federal Candidate: Gallagher, Michael John, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: 08 State: WI			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 31643.66 </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11041.48 </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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Signature Bidel-Niyat, Shirin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 13 / 2017

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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 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;">1747.26</div> Transaction ID : VSG8M9TPGZ2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			
<table 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 Actual Cost for Canvassing Services from 10/24-10/30 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">31643.66</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 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;">6466.50</div> Transaction ID : VSG8M9TPH17 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016			
<table 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 Actual Cost for Canvassing Services from 10/24-10/30 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 <input type="checkbox"/> President District: State: FL			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</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;">8213.76</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
04 / 13 / 2017

Signature

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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 Paychex		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1175 John St		Amount <input type="text"/>	
City West Henrietta	State NY	Zip Code 14586-9102	2155.50
Purpose of Expenditure Actual 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: 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) ▶ _____	
1147692.46		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Paychex		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1175 John St		Amount <input type="text"/>	
City West Henrietta	State NY	Zip Code 14586-9102	12600.00
Purpose of Expenditure Actual 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: 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: OH
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) ▶ _____	
192443.85		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
14755.50	<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 **04** **13** **2017**

**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 Paychex <input 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"/> 26092.31 Transaction ID : VSG8M9VNS27 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	
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"/> 6834569.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Paychex <input 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"/> 26092.31 Transaction ID : VSG8M9VNS35 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code West Henrietta NY 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/20-10/23	
Category/Type <input type="text"/> 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"/> 6834569.15	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"/> 52184.62
(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 04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/20-10/23
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2016
Amount 652.50
Transaction ID : VSG8M9VNS69
Date of Disbursement or Obligation 10/27/2016

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 1147692.46

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
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 1144.96
Transaction ID : VSG8M9VNS77
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: Gallagher, Michael John, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 31643.66

(a) SUBTOTAL of Itemized Independent Expenditures 1797.46
(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 04/13/2017
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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6090.41</div> Transaction ID : VSG8M9VNS85 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 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>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 Actual Cost for Canvassing Services from 10/20-10/23							
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; text-align: right;">230994.34</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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7267.50</div> Transaction ID : VSG8M9VNS93 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 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>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 Actual Cost for Canvassing Services from 10/20-10/23							
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 District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: OH						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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;">13357.91</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
04 / 13 / 2017

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 Paychex	Date of Public Distribution/Dissemination 10 / 20 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1957.50</div> Transaction ID : VSG8M9VNSA1 Date of Disbursement or Obligation 10 / 27 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City West Henrietta</td> <td style="width:33%;">State NY</td> <td style="width:33%;">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 Actual Cost for Canvassing Services from 10/20-10/23				
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 District: _____ 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) ▶ _____			
<div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</div>				

Full Name of Payee <input type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination 10 / 20 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1144.96</div> Transaction ID : VSG8M9VNSB8 Date of Disbursement or Obligation 10 / 27 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City West Henrietta</td> <td style="width:33%;">State NY</td> <td style="width:33%;">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 Actual Cost for Canvassing Services from 10/20-10/23				
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: <u>08</u> 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) ▶ _____			
<div style="border: 1px solid black; padding: 2px; text-align: right;">31643.66</div>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3102.46</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 04 / 13 / 2017

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 Paychex	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12600.00</div> Transaction ID : VSG8M9VNSC6 Date of Disbursement or Obligation 10 / 27 / 2016			
<table 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 Actual Cost for Canvassing Services from 10/24-10/30				
Name of Federal Candidate: PORTMAN, ROB, , , <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 State: OH			
Calendar Year-To-Date Per Election for Office Sought 192443.85	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 Paychex	Date of Public Distribution/Dissemination 10 / 31 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">58937.45</div> Transaction ID : VSG8M9TV938 Date of Disbursement or Obligation 11 / 03 / 2016			
<table 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 Actual Cost for Canvassing Services from 10/31-11/6				
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 6834569.15	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;">71537.45</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

04 / 13 / 2017

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 58937.45
Transaction ID : VSG8M9TV946
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 6834569.15

Full Name of Payee Paychex
Mailing Address 1175 John St
City West Henrietta State NY Zip Code 14586-9102
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 7850.92
Transaction ID : VSG8M9TV954
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: Johnson, Ronald Harold, ,
Support Oppose
Office Sought: Senate
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 230994.34

(a) SUBTOTAL of Itemized Independent Expenditures 66788.37
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Bidel-Niyat, Shirin, , [Electronically Filed] Date 04/13/2017
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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 7850.92
Transaction ID : VSG8M9TV962
Date of Disbursement or Obligation 11/03/2016

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 Actual Cost for Canvassing Services from 10/31-11/6
Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 1475.92
Transaction ID : VSG8M9TV987
Date of Disbursement or Obligation 11/03/2016

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 9326.84
(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

04/13/2017

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 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; text-align: right;">1475.92</div>		
<table 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
City West Henrietta	State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6	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 <div style="border: 1px solid black; padding: 2px; text-align: right;">31643.66</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 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; text-align: right;">14580.00</div>		
<table 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
City West Henrietta	State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual 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 <input checked="" type="checkbox"/> Senate District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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;">16055.92</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 04 / 13 / 2017
 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 Paychex	Date of Public Distribution/Dissemination 10 / 31 / 2016		
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10057.50</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY
City West Henrietta	State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual 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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 Paychex	Date of Public Distribution/Dissemination 10 / 31 / 2016		
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3352.50</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 14586-9102</td> </tr> </table>		City West Henrietta	State NY
City West Henrietta	State NY	Zip Code 14586-9102	
Purpose of Expenditure Actual 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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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;">13410.00</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, ,

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Date

04 / 13 / 2017

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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 14580.00 Transaction ID : VSG8M9VNSD4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Actual Cost for Canvassing Services from 10/31-11/6 Category/Type <input type="text"/> 004	
Name of Federal Candidate: PORTMAN, ROB, , , <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: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192443.85	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 Paychex	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1175 John St	Amount <input type="text"/> 16108.59 Transaction ID : VSG8M9VNSE2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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"/> 6834569.15	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"/> 30688.59
(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 ▼ <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 Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address 1175 John St	Amount 16108.59			
<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 Canvassing Services from 11/7-11/8				
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 6834569.15	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 Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address 1175 John St	Amount 539.26			
<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 Canvassing Services from 11/7-11/8				
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: _____ State: WI			
Calendar Year-To-Date Per Election for Office Sought 230994.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	16647.85
(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, ,

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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 type="checkbox"/> Memo Item Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address 1175 John St	Amount 3240.00 Transaction ID : VSG8M9VNSH6 Date of Disbursement or Obligation 11 / 09 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City West Henrietta</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NY</td> <td style="padding: 2px;">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 Canvassing Services from 11/7-11/8				
Name of Federal Candidate: <input type="checkbox"/> Support PORTMAN, ROB, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought 192443.85	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 Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016			
Mailing Address 1175 John St	Amount 1458.00 Transaction ID : VSG8M9VNSJ4 Date of Disbursement or Obligation 11 / 09 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City West Henrietta</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NY</td> <td style="padding: 2px;">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 Canvassing Services from 11/7-11/8				
Name of Federal Candidate: <input type="checkbox"/> Support Rubio, Marco, , , <input checked="" 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 1147692.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4698.00
(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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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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 101.38 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">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 Canvassing Services from 11/7-11/8				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Gallagher, Michael John, , ,	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 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 31643.66 </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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016			
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 539.26 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City West Henrietta</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">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 Canvassing Services from 11/7-11/8				
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 <input type="checkbox"/> President State: WI			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 230994.34 </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;"> 640.64 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 640.64 </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, , ,

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Date

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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 Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3240.00</div> Transaction ID : VSG8M9VNSN7 Date of Disbursement or Obligation 11 / 09 / 2016
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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 District: _____ <input type="checkbox"/> President State: OH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">192443.85</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 Paychex	Date of Public Distribution/Dissemination 11 / 07 / 2016
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4374.00</div> Transaction ID : VSG8M9VNSP5 Date of Disbursement or Obligation 11 / 09 / 2016
City West Henrietta State NY Zip Code 14586-9102	
Purpose of Expenditure Canvassing Services from 11/7-11/8 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: _____ <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</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;">7614.00</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, , ,

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Date 04 / 13 / 2017

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 Paychex	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016						
Mailing Address 1175 John St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">101.38</div> Transaction ID : VSG8M9VNSQ3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 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>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 Canvassing Services from 11/7-11/8							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose NELSON, TOM, , ,	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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">31643.66</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 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;">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 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>Pennsauken</td> <td>NJ</td> <td>08109-4306</td> </tr> </table>		City	State	Zip Code	Pennsauken	NJ	08109-4306
City		State	Zip Code				
Pennsauken	NJ	08109-4306					
Purpose of Expenditure Postage							
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">6834569.15</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;">5101.23</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, , ,
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Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

**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 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; text-align: right;">4999.85</div>		
City Pennsauken	State NJ	Zip Code 08109-4306			
Purpose of Expenditure Postage		Category/ Type 004	Transaction ID : VSG8M9TWCP1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
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 <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 930676.78			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; text-align: right;">120.80</div>		
City Pennsauken	State NJ	Zip Code 08109-4306			
Purpose of Expenditure Postage		Category/ Type 004	Transaction ID : VSG8M9VN143 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2016		
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 6834569.15			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;">5120.65</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
04 / 13 / 2017

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 Print And Mail Communications LLC	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 7040 Colonial Hwy	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 120.79 </div>
City Pennsauken State NJ Zip Code 08109-4306	Transaction ID : VSG8M9VN151 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 Postage Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">930676.78</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 Redfern, Jacob, , ,	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 935 Craig St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 80.00 </div>
City McKeesport State PA Zip Code 15132-1827	Transaction ID : VSG8M9TWQV4 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 Reimbursement - Postage Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,
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: _____ <input type="checkbox"/> House
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">6834569.15</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;"> 200.79 </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

04 / 13 / 2017

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 Redfern, Jacob, , ,	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 04 / 2016 </div>						
Mailing Address 935 Craig St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 80.00 </div> Transaction ID : VSG8M9TWQW2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 28 / 2016 </div>						
<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:33%;">Zip Code</td> </tr> <tr> <td>McKeesport</td> <td>PA</td> <td>15132-1827</td> </tr> </table>		City	State	Zip Code	McKeesport	PA	15132-1827
City		State	Zip Code				
McKeesport	PA	15132-1827					
Purpose of Expenditure Reimbursement - Postage							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen Alana, , ,	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 ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>						
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 364306.11 </div> Transaction ID : VSG8M9W62B1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>						
<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: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 Actual Cost for Digital Advertising Buy - Continuation of 10/14 Ad Buy Disclosed on Pre-General							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">6834569.15</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;"> M M / D D / Y Y Y Y Y Y 364386.11 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </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
 04 / 13 / 2017

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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 11 / 2016 </div>			
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1003.51 </div> Transaction ID : VSG8M9W64Q2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			
<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 20005-3952</td> </tr> </table>		City Washington	State DC	Zip Code 20005-3952
City Washington		State DC	Zip Code 20005-3952	
Purpose of Expenditure Payment for Digital Advertising Buy as Disclosed on Pre-General Category/Type 004				
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: _____ State: <u>WI</u> <input type="checkbox"/> President			
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 230994.34	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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2016 </div>			
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 225.59 </div> Transaction ID : VSG8M9TMCX1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>			
<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 20005-3952</td> </tr> </table>		City Washington	State DC	Zip Code 20005-3952
City Washington		State DC	Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input checked="" type="checkbox"/> President			
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 6834569.15	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;"> M M / D D / Y Y Y Y Y Y 1229.10 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y </div>

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Bidel-Niyat, Shirin, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

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 Rising Tide Interactive		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 / 21 / 2016</div>	
Mailing Address 1250 H St NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">184.58</div>	
City Washington	State DC	Zip Code 20005-3952	Transaction ID : VSG8M9TMCY9 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 / 27 / 2016</div>
Purpose of Expenditure Actual Cost for Digital Advertising Buy		Category/Type 004	
Name of Federal Candidate: HECK, JOE, , ,		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		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; display: inline-block; width: 150px; text-align: right;">355033.02</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Rising Tide Interactive		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 / 21 / 2016</div>	
Mailing Address 1250 H St NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">725.58</div>	
City Washington	State DC	Zip Code 20005-3952	Transaction ID : VSG8M9TMCZ7 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 / 27 / 2016</div>
Purpose of Expenditure Actual Cost for Digital Advertising Buy		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		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; display: inline-block; width: 150px; text-align: right;">1147692.46</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">910.16</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

04 / 13 / 2017

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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40683.80</div>
City State Zip Code Washington DC 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , <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;">6834569.15</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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2016 </div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8717.95</div>
City State Zip Code Washington DC 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , <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;">6834569.15</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;">49401.75</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

04 / 13 / 2017

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 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
Purpose of Expenditure Actual Cost for Digital Advertising Buy		Transaction ID : VSG8M9TPGS4
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KANDER, JASON, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 53211.43		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 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
Purpose of Expenditure Actual Cost for Digital Advertising Buy		Transaction ID : VSG8M9TSQ81
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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"/> 6834569.15		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"/> 56648.67
(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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10270.92 </div> Transaction ID : VSG8M9TSQ99 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy 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 type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6834569.15</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 Rising Tide Interactive	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10270.93 </div> Transaction ID : VSG8M9TSQA7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy 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"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">85347.65</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;">20541.85</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
 04 / 13 / 2017

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 Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 39801.44
Transaction ID : VSG8M9TT429
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 6834569.15

Full Name of Payee Rising Tide Interactive
Mailing Address 1250 H St NW
City Washington State DC Zip Code 20005-3952
Purpose of Expenditure Actual Cost for Digital Advertising Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/28/2016
Amount 13267.15
Transaction ID : VSG8M9TT437
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 53068.59
(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

04 / 13 / 2017

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 Rising Tide Interactive	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 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20005-3952	Transaction ID : VSG8M9TT445 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 Digital Advertising Buy	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,	<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: WI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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 Rising Tide Interactive	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 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20005-3952	Transaction ID : VSG8M9W62A3 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 Digital Advertising Buy - Continuation of 10/10 Ad Buy Disclosed on Pre-General	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate: TRUMP, DONALD J., , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose 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 <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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 Rising Tide Interactive	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 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Washington State DC Zip Code 20005-3952	Transaction ID : VSG8M9W62A3 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 Digital Advertising Buy - Continuation of 10/10 Ad Buy Disclosed on Pre-General	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
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"/> House <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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;"> M M / D D / Y Y Y Y Y Y </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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 04 / 13 / 2017

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 Rising Tide Interactive	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 1250 H St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">241983.58</div> Transaction ID : VSG8M9W62D7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
City Washington State DC Zip Code 20005-3952	
Purpose of Expenditure Actual Cost for Digital Advertising Buy - Continuation of 10/16 Ad Buy Disclosed on Pre-General 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 M M / D D / Y Y Y Y Y Y 10 / 06 / 2016
Mailing Address 5455 S Fort Apache Rd Ste 108-114	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">770.31</div> Transaction ID : VSG8M9VN1C6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
City Las Vegas State NV Zip Code 89148-6408	
Purpose of Expenditure Payment for Advertising Production and Design 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 355033.02	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;">242753.89</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
 04 / 13 / 2017

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 RKJ Promotions	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 / 06 / 2016</div>
Mailing Address 5455 S Fort Apache Rd Ste 108-114	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2310.94</div>
City State Zip Code Las Vegas NV 89148-6408	
Purpose of Expenditure Payment for Advertising Production and Design	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., ,	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;">6834569.15</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 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;">348.01</div>
City State Zip Code Venice CA 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 <input type="checkbox"/> President District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">930676.78</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;">2658.95</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

04 / 13 / 2017

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 Snapchat	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 8 Brooks Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 34.95 </div>
City Venice State CA Zip Code 90291-2200	
Purpose of Expenditure Actual Cost for Digital Advertising Category/Type 004	
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: PA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">930676.78</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;"> 4213.74 </div>
City Grasonville State MD Zip Code 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">6834569.15</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;"> 4248.69 </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

 04 / 13 / 2017
 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 10 / 20 / 2016 </div>
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 4213.74 </div> Transaction ID : VSG8M9TMBV3 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </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 District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1147692.46 </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 10 / 24 / 2016 </div>
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 21689.98 </div> Transaction ID : VSG8M9TPGG3 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>
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 State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 6834569.15 </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;"> M M / D D / Y Y Y Y Y Y 25903.72 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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
 04 / 13 / 2017

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 10 / 24 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21689.97</div> Transaction ID : VSG8M9TPGH1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 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: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> 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) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 0 auto;">1147692.46</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 10 / 28 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5787.52</div> Transaction ID : VSG8M9TT453 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 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: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> 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; width: 200px; margin: 0 auto;">6834569.15</div>						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">27477.49</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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Signature Bidel-Niyat, Shirin, , ,

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

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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 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;">5787.52</div>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Robocalls Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
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 District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1147692.46</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;">3359.51</div>
City Grasonville State MD Zip Code 21638-0187	
Purpose of Expenditure Actual Cost for Robocalls Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
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 State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">6834569.15</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;">9147.03</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
04 / 13 / 2017

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 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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: NV		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 355033.02 </div> 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 <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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 <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6834569.15 </div> 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;"> 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>

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
04 / 13 / 2017

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 The Contact Group, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
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%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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: MURPHY, PATRICK E, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">1147692.46</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 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; text-align: right;">2378.73</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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 <input type="checkbox"/> 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;">6834569.15</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;">18065.60</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, , ,
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017

**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 / 01 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2378.74</div> Transaction ID : VSG8M9TVQX1 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: <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: 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; width: 150px; margin-left: auto;">355033.02</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 11 / 01 / 2016						
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2554.10</div> Transaction ID : VSG8M9TVQY9 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: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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	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; width: 150px; margin-left: auto;">6834569.15</div>							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4932.84</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
04 / 13 / 2017

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 / 01 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2554.09</div> Transaction ID : VSG8M9TVQZ7 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 Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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: 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 District: _____ 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) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 0 auto;">1147692.46</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 10 / 29 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">881.96</div> Transaction ID : VSG8M9TVRR5 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 Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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: 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 District: _____ 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) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 0 auto;">1147692.46</div>			

(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
 04 / 13 / 2017

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 10 / 29 / 2016
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">881.95</div>
City State Zip Code Grasonville MD 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 type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 / 02 / 2016
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23007.59</div>
City State Zip Code Grasonville MD 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 <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">23889.54</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
04 / 13 / 2017

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 / 02 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23007.59</div> Transaction ID : VSG8M9TW027 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 Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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				
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"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> 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) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; margin: 5px auto;">1147692.46</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 11 / 02 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1048.67</div> Transaction ID : VSG8M9TW035 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 Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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				
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"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> 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; width: 200px; margin: 5px auto;">6834569.15</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">24056.26</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, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

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 1048.67
Transaction ID : VSG8M9TW043
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support Oppose
Office Sought: House Senate State: OH
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 Robocalls Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 13668.75
Transaction ID : VSG8M9TWC98
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 14717.42
(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

04 / 13 / 2017

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 11/03/2016
Amount 13668.75
Transaction ID : VSG8M9TWCA6
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate: STRICKLAND, TED, , ,
Support Oppose
Office Sought: House Senate State: OH
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 11/03/2016
Amount 5451.60
Transaction ID : VSG8M9TWCB4
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 19120.35
(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 04/13/2017
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;">5451.59</div> Transaction ID : VSG8M9TWCC2 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 Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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 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 type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought 1147692.46	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 10 / 27 / 2016			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13668.75</div> Transaction ID : VSG8M9TSQ40 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Grasonville</td> <td style="width:17%;">State MD</td> <td style="width:50%;">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 type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> State: _____			
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;">19120.34</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 04 / 13 / 2017
 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 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 10 / 27 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; 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 type="checkbox"/> President <input checked="" type="checkbox"/> Senate 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;"> 192443.85 </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 / 04 / 2016 </div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; 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 District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6834569.15 </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;"> 22227.63 </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

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 Date M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

**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;">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%; border-bottom: 1px solid black;">City Grasonville</td> <td style="width:17%; border-bottom: 1px solid black;">State MD</td> <td style="width:50%; border-bottom: 1px solid black;">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: MURPHY, PATRICK E, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> State: <u>FL</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;">1147692.46</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 M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>			
Mailing Address PO Box 187	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8898.49</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Grasonville</td> <td style="width:17%; border-bottom: 1px solid black;">State MD</td> <td style="width:50%; border-bottom: 1px solid black;">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	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"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> 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;">6834569.15</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;">17457.37</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

04 / 13 / 2017

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

04 / 13 / 2017

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:
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
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

04 / 13 / 2017

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 USPS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
Mailing Address 1050 Connecticut Ave NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1275.88</div> Transaction ID : VSG8M9TWQX0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
<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:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036-5303</td> </tr> </table>		City	State	Zip Code	Washington	DC	20036-5303
City		State	Zip Code				
Washington	DC	20036-5303					
Purpose of Expenditure Postage							
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 type="checkbox"/> President <input type="checkbox"/> District: _____ 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) ▶ _____						
6834569.15							

Full Name of Payee <input type="checkbox"/> Memo Item USPS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
Mailing Address 1050 Connecticut Ave NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1275.87</div> Transaction ID : VSG8M9TWQY8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
<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:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036-5303</td> </tr> </table>		City	State	Zip Code	Washington	DC	20036-5303
City		State	Zip Code				
Washington	DC	20036-5303					
Purpose of Expenditure Postage							
Name of Federal Candidate: McGinty, Kathleen Alana, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> District: _____ State: <u>PA</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) ▶ _____						
930676.78							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2551.75</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
 04 / 13 / 2017

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 Waterfront Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW NW Ste. 100	Amount <input type="text"/> 700.00 Transaction ID : VSG8M9TPGK7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type <input type="text"/> 004	
Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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"/> 6834569.15	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 Waterfront Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW NW Ste. 100	Amount <input type="text"/> 150.00 Transaction ID : VSG8M9TPGM5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production Category/Type <input type="text"/> 004	
Name of Federal Candidate: KANDER, JASON, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 53211.43	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"/> 850.00
(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 Waterfront Strategies	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2016 </div>		
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 150.00 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Washington</td> <td style="width:17%; border-bottom: 1px solid black;">State DC</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20007-5108</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production	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 6834569.15	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 Waterfront Strategies	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 </div>		
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 600.00 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Washington</td> <td style="width:17%; border-bottom: 1px solid black;">State DC</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20007-5108</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production	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 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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;"> 750.00 </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
 04 / 13 / 2017

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 Waterfront Strategies	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 / 28 / 2016</div>
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">200.00</div>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production 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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 6834569.15	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 Waterfront Strategies	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 / 28 / 2016</div>
Mailing Address 3050 K St NW NW Ste. 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">200.00</div>
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Actual Cost for Digital Advertising Production 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 State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought 230994.34	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%;">400.00</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

04 / 13 / 2017

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 Payment for Advertising Production and Design as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/10/2016
Amount 4458.82
Transaction ID : VSG8M9W64G6
Date of Disbursement or Obligation 11/07/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6834569.15

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 Payment for Digital Advertising Production as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/14/2016
Amount 3458.82
Transaction ID : VSG8M9W64H4
Date of Disbursement or Obligation 11/07/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6834569.15

(a) SUBTOTAL of Itemized Independent Expenditures 7917.64
(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 04/13/2017

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 Waterfront Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW NW Ste. 100	Amount <input type="text"/> 3458.82
City Washington State DC Zip Code 20007-5108	
Purpose of Expenditure Payment for Digital Advertising Production as Disclosed on Pre-General Report	Transaction ID : VSG8M9W64J2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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 <input type="text"/> 6834569.15	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	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 3458.82
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 6634241.92

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