

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **1090 Vermont Avenue, NW**
Suite 750
 Check if different than previously reported. (ACC) **Washington DC 20005**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00685719 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 / / 2019 through / / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Patel, Roshan, , ,
Type or Print Name of Treasurer

Signature of Treasurer Patel, Roshan, , , [Electronically Filed] Date / / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DLGA PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		26347.60
(b) Cash on Hand at Beginning of Reporting Period.....	259394.40	
(c) Total Receipts (from Line 19)	208000.00	555500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	467394.40	581847.60
7. Total Disbursements (from Line 31).....	208242.42	322695.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	259151.98	259151.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1036.60	

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

DLGA PAC

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	208000.00	555500.00
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)).....▶	208000.00	555500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	208000.00	555500.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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).....	208242.42	322695.62
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)) ..	208242.42	322695.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	208242.42	322695.62

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

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

Form/Schedule: F3XA

Transaction ID :

This amended report is filed in response to RFAI letter dated March 4, 2020 in reference to the original report filed for the period 7/1/2019 to 12/31/2019.

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 32
<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

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)
DLGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Adobe		Date of Receipt
Mailing Address 345 Park Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City San Jose	State CA	Zip Code 95110
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4495
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="8500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="8500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amerihealth Caritas Services		Date of Receipt
Mailing Address 200 Stevens Drive		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2019"/>
City Philadelphia	State PA	Zip Code 19113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4485
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Anthem Inc.		Date of Receipt
Mailing Address PO Box 68086		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City Cincinnati	State OH	Zip Code 45205
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4472
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="25000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="43500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 32
<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)
DLGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BioGen		Date of Receipt
Mailing Address 225 Binney Street		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2019"/>
City Cambridge	State MA	Zip Code 02142
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4501
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CC Procurement		Date of Receipt
Mailing Address 321 Billerica Road Suite 204		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2019"/>
City Chelmsford	State MA	Zip Code 01824
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4487
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Celgene Corp		Date of Receipt
Mailing Address 85 Morris Avenue		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2019"/>
City Summit	State NJ	Zip Code 07901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4481
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="22500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
<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)
DLGA PAC

A. Comcast Cable

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address One Comcast Center

City Philadelphia	State PA	Zip Code 19103
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

Transaction ID : SA17.4483

Amount of Each Receipt this Period
10000.00

Memo Item
Non-contribution account

B. Delaware North Companies

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 250 Delaware Avenue

City Buffalo	State NY	Zip Code 14202
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2019

Transaction ID : SA17.4477

Amount of Each Receipt this Period
10000.00

Memo Item
Non-contribution account

C. First Data

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3975 NW 120th Ave
A50

City Coral Springs	State FL	Zip Code 33065
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2019

Transaction ID : SA17.4491

Amount of Each Receipt this Period
10000.00

Memo Item
Non-contribution account

SUBTOTAL of Receipts This Page (optional).....	30000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
<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)
DLGA PAC

A. Gilead Sciences
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 333 Lakeside Drive
City Foster City State CA Zip Code 94404
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 ▼ 25000.00

Date of Receipt 12 / 19 / 2019
Transaction ID : SA17.4499
Amount of Each Receipt this Period 25000.00
 Memo Item
Non-contribution account

B. Maxim Health Care Services
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7227 Lee DeForest Drive
City Columbia State MD Zip Code 21046
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 ▼ 10000.00

Date of Receipt 12 / 19 / 2019
Transaction ID : SA17.4497
Amount of Each Receipt this Period 10000.00
 Memo Item
Non-contribution account

C. Pfizer
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 949 Shay Grove Road
City Memphis State TN Zip Code 38120
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 ▼ 25000.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA17.4470
Amount of Each Receipt this Period 25000.00
 Memo Item
Non-contribution account

SUBTOTAL of Receipts This Page (optional)..... ▶ 60000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
<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)
DLGA PAC

A. PSE Services Corp
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1868

City Newark	State NJ	Zip Code 07101
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2019

Transaction ID : SA17.4479

Amount of Each Receipt this Period
5000.00

Memo Item
Non-contribution account

B. SAS Institute
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 100 SAS Campus Drive

City Cary	State NC	Zip Code 27513
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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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2019

Transaction ID : SA17.4493

Amount of Each Receipt this Period
10000.00

Memo Item
Non-contribution account

C. SEIU COPE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1800 Massachusetts Avenue, NW

City Washington	State DC	Zip Code 20036
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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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2019

Transaction ID : SA17.4474

Amount of Each Receipt this Period
25000.00

Memo Item
Non-contribution account

SUBTOTAL of Receipts This Page (optional).....	40000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)

<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)
DLGA PAC

A. UPRS Group LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 39

City Cedarhurst	State NY	Zip Code 11516
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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 ▼
12000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2019

Transaction ID : SA17.4489

Amount of Each Receipt this Period
12000.00

Memo Item
Non-contribution account

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

City	State	Zip Code
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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 ▼

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).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	208000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Alinart LLC		Date of Disbursement MM / DD / YYYY 11 / 04 / 2019
Mailing Address 1400 Village Square Boulevard Suite 286		FEC Identification Number C [REDACTED] Transaction ID : SB29.4421 Amount of Each Disbursement this Period [REDACTED] 150.00
City Tallahassee	State FL	Zip Code 32312
Purpose of Disbursement Deisgn services - IE Account		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. Alinart LLC		Date of Disbursement MM / DD / YYYY 12 / 03 / 2019
Mailing Address 1400 Village Square Boulevard Suite 286		FEC Identification Number C [REDACTED] Transaction ID : SB29.4429 Amount of Each Disbursement this Period [REDACTED] 600.00
City Tallahassee	State FL	Zip Code 32312
Purpose of Disbursement Design services - IE Account		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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 1825 K Street, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.4427 Amount of Each Disbursement this Period [REDACTED] 31.37
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Bank fee - IE Account		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] 781.37
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

A. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank fee - IE Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB29.4438

Amount of Each Disbursement this Period: 11.95

Memo Item

B. Bluegrass Values

Full Name (Last, First, Middle Initial)

Mailing Address 1225 Eye Street, NW Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement Non-federal contribution - IE Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB29.4416

Amount of Each Disbursement this Period: 50000.00

Memo Item

C. Blueprint Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1730 Rhode Island Ave, NW Suite 1014

City Washington State DC Zip Code 20036

Purpose of Disbursement Web Hosting - IE Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB29.4398

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50261.95

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

A. Blueprint Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1730 Rhode Island Ave, NW
Suite 1014

City Washington State DC Zip Code 20036

Purpose of Disbursement Web hosting - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 03 / 2019

FEC Identification Number: C

Transaction ID : **SB29.4407**

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Blueprint Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1730 Rhode Island Ave, NW
Suite 1014

City Washington State DC Zip Code 20036

Purpose of Disbursement Web hosting - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 01 / 2019

FEC Identification Number: C

Transaction ID : **SB29.4414**

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Blueprint Interactive

Full Name (Last, First, Middle Initial)

Mailing Address 1730 Rhode Island Ave, NW
Suite 1014

City Washington State DC Zip Code 20036

Purpose of Disbursement Web hosting - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 03 / 2019

FEC Identification Number: C

Transaction ID : **SB29.4423**

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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)
DLGA PAC

Full Name (Last, First, Middle Initial)
A. Blueprint Interactive

Mailing Address 1730 Rhode Island Ave, NW
Suite 1014

City Washington State DC Zip Code 20036

Purpose of Disbursement Web hostin - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **12 / 04 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4430**

Amount of Each Disbursement this Period: **250.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Delaware Democratic Party

Mailing Address PO Box 2065

City Wilmington State DE Zip Code 19899

Purpose of Disbursement Non-Federal Contribution - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **011**

Date of Disbursement: **08 / 30 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4401**

Amount of Each Disbursement this Period: **6000.00**

Memo Item

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

Mailing Address 1090 Vermont Avenue, NW
Suite 750

City Washington State DC Zip Code 20005

Purpose of Disbursement Non-federal contribution - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: **011**

Date of Disbursement: **10 / 25 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4418**

Amount of Each Disbursement this Period: **25000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **31250.00**

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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Forest Strategies LLC		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 114 Quay Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4395 Amount of Each Disbursement this Period 6000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement Strategic Services - IE Account		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. Forest Strategies LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019	
Mailing Address 114 Quay Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4403 Amount of Each Disbursement this Period 6000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement Strategic Services - IE Account		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. Forest Strategies LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019	
Mailing Address 114 Quay Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4412 Amount of Each Disbursement this Period 6000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement Strategic services - IE Account		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)..... ▶

18000.00

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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Forest Strategies LLC			Date of Disbursement MM / DD / YYYY 11 / 04 / 2019	
Mailing Address 114 Quay Street				
City Alexandria	State VA	Zip Code 22314	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Strategic services - IE Account		Category/ Type 001	Transaction ID : SB29.4426 Amount of Each Disbursement this Period 6000.00	
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. Forest Strategies LLC			Date of Disbursement MM / DD / YYYY 12 / 04 / 2019	
Mailing Address 114 Quay Street				
City Alexandria	State VA	Zip Code 22314	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Strategic services - IE Account		Category/ Type 001	Transaction ID : SB29.4432 Amount of Each Disbursement this Period 6000.00	
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. Forest Strategies LLC			Date of Disbursement MM / DD / YYYY 12 / 19 / 2019	
Mailing Address 114 Quay Street				
City Alexandria	State VA	Zip Code 22314	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Strategic services - IE Account		Category/ Type 003	Transaction ID : SB29.4440 Amount of Each Disbursement this Period 6000.00	
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).....			18000.00	
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

A. Northern Starr Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 2401 Calvert Street

City Washington State DC Zip Code 20008

Purpose of Disbursement
Communication services - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C
Transaction ID : SB29.4434
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Pfeiffer Finance Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 405 10th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Services - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 30 / 2019

FEC Identification Number: C
Transaction ID : SB29.4396
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Pfeiffer Finance Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 405 10th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Expense reimbursement: Travel expenses - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 30 / 2019

FEC Identification Number: C
Transaction ID : SB29.4397
Amount of Each Disbursement this Period: 249.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10249.74

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019
Mailing Address 1201 N Market Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4397.0 Amount of Each Disbursement this Period [REDACTED] 213.28
City Wilmington	State DE	Zip Code 19801
Purpose of Disbursement Reimbursement memo: Event printing & copying		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) B. Pfeiffer Finance Strategies		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 405 10th Street, NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.4405 Amount of Each Disbursement this Period [REDACTED] 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Fundraising Services - IE Account		Category/ Type 003
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. Pfeiffer Finance Strategies		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019
Mailing Address 405 10th Street, NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.4413 Amount of Each Disbursement this Period [REDACTED] 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Fundraising services - IE Account		Category/ Type 003
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] 10000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial)
A. Pfeiffer Finance Strategies

Date of Disbursement: / /

Mailing Address: 405 10th Street, NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Fundraising services - IE Account
Candidate Name: Category/Type:

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

State: District:

FEC Identification Number:
Transaction ID : **SB29.4425**
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. Pfeiffer Finance Strategies

Date of Disbursement: / /

Mailing Address: 405 10th Street, NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Fundraising services - IE Account
Candidate Name: Category/Type:

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

State: District:

FEC Identification Number:
Transaction ID : **SB29.4431**
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. Pfeiffer Finance Strategies

Date of Disbursement: / /

Mailing Address: 405 10th Street, NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Fundraising services - IE Account
Candidate Name: Category/Type:

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

State: District:

FEC Identification Number:
Transaction ID : **SB29.4441**
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Point Loma Strategic Research			Date of Disbursement MM / DD / YYYY 09 / 30 / 2019	
Mailing Address 3387 Gregory Street				
City San Diego	State CA	Zip Code 92104	FEC Identification Number C [] Transaction ID : SB29.4410 Amount of Each Disbursement this Period [] 5000.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Research services - IE Account		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Point Loma Strategic Research			Date of Disbursement MM / DD / YYYY 12 / 02 / 2019	
Mailing Address 3387 Gregory Street				
City San Diego	State CA	Zip Code 92104	FEC Identification Number C [] Transaction ID : SB29.4428 Amount of Each Disbursement this Period [] 2500.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Research services - IE Account		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Polly Pfeiffer			Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 405 10th Street, NW #401				
City Washington	State DC	Zip Code 20002	FEC Identification Number C [] Transaction ID : SB29.4399 Amount of Each Disbursement this Period [] 110.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Expense reimbursement: Travel - IE Account		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 7610.00	
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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 60 Massachusetts Avenue, NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.4399.0 Amount of Each Disbursement this Period [REDACTED] 110.00	
City Washington	State DC	Zip Code 20002	Category/ Type 002
Purpose of Disbursement Reimbursement memo: Rail travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. Polly Pfeiffer		Date of Disbursement MM / DD / YYYY 11 / 04 / 2019	
Mailing Address 405 10th Street, NW #401		FEC Identification Number C [REDACTED] Transaction ID : SB29.4424 Amount of Each Disbursement this Period [REDACTED] 385.25	
City Washington	State DC	Zip Code 20002	Category/ Type 002
Purpose of Disbursement Expense reimbursement: Travel - IE Account		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. Roshan Patel		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 114 Quay Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4391 Amount of Each Disbursement this Period [REDACTED] 19569.17	
City Alexandria	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement Expense reimbursement: Event Travel, Catering & Facilities - IE Account		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] 19954.42	
TOTAL This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 60 Massachusetts Avenue, NE			
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Reimbursement memo: Rail travel		<input type="text" value="002"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB29.4391.0 Amount of Each Disbursement this Period <input type="text" value="86.50"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Bardea		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 620 N Market Street			
City Wilmington	State DE	Zip Code 19801	
Purpose of Disbursement Reimbursement memo: Event catering & facilities		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB29.4391.1 Amount of Each Disbursement this Period <input type="text" value="13905.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Hotel du Pont		Date of Disbursement MM / DD / YYYY 07 / 30 / 2019	
Mailing Address 42 West 11th Street			
City Wilmington	State DE	Zip Code 19801	
Purpose of Disbursement Reimbursement memo: Event facilities		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB29.4391.2 Amount of Each Disbursement this Period <input type="text" value="3670.46"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

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

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

<input type="text" value="0.00"/>
<input type="text" value=""/>

**SCHEDULE B (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)
DLGA PAC

Full Name (Last, First, Middle Initial)
A. The Mill Auditorium

Mailing Address 1007 N Orange Street

City Wilmington State DE Zip Code 19801

Purpose of Disbursement
Reimbursement memo: Event facilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **07 / 30 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4391.3**

Amount of Each Disbursement this Period: **1705.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Roshan Patel

Mailing Address 114 Quay Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Expense reimbursement: Event Travel, Catering & Facilities - IE Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **09 / 03 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4406**

Amount of Each Disbursement this Period: **2913.77**

Memo Item

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

Mailing Address 19300 International Blvd

City Sea Tac State WA Zip Code 98188

Purpose of Disbursement
Reimbursement memo: Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **002**

Date of Disbursement: **09 / 03 / 2019**

FEC Identification Number: **C**

Transaction ID : **SB29.4406.0**

Amount of Each Disbursement this Period: **527.30**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **2913.77**

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Hilton		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019	
Mailing Address 7930 Jones Brach Drive			
City McLean	State VA	Zip Code 22102	
Purpose of Disbursement Reimbursement memo: Event lodging		<input type="checkbox"/> 002	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4406.1 Amount of Each Disbursement this Period 2178.47
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Georgetown Cupcakes		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019	
Mailing Address 3301 M Street, NW			
City Washington	State DC	Zip Code 20007	
Purpose of Disbursement Reimbursement memo: Meals		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4406.2 Amount of Each Disbursement this Period 208.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Roshan Patel		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019	
Mailing Address 114 Quay Street			
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Expense reimbursement: Event travel, catering & facilities - IE Account		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4433 Amount of Each Disbursement this Period 16597.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="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).....▶	16597.13
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Top Golf		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019
Mailing Address 6400 Clipper Way		FEC Identification Number C Transaction ID : SB29.4433.0 Amount of Each Disbursement this Period 9488.03
City Oxon Hill	State MD	
Zip Code 20745		Category/ Type 001
Purpose of Disbursement Reimbursement memo: Event catering & facilities		
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. Uber		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019
Mailing Address 1455 Market Street		FEC Identification Number C Transaction ID : SB29.4433.1 Amount of Each Disbursement this Period 138.11
City San Francisco	State CA	
Zip Code 94103		Category/ Type 002
Purpose of Disbursement Reimbursement memo: Local travel		
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. Delta		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019
Mailing Address 1030 Delta Boulevard		FEC Identification Number C Transaction ID : SB29.4433.2 Amount of Each Disbursement this Period 1137.20
City Atlanta	State GA	
Zip Code 30320		Category/ Type 002
Purpose of Disbursement Reimbursement memo: Event travel		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

A. Aria Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 3730 S Las Vegas Boulevard

City Las Vegas State NV Zip Code 89158

Purpose of Disbursement Reimbursement memo: Event lodging, catering & facilities

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB29.4433.3

Amount of Each Disbursement this Period: 3740.41

Memo Item

B. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement Reimbursement memo: Air travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB29.4433.4

Amount of Each Disbursement this Period: 582.59

Memo Item

C. AWG Ambassador AWC

Full Name (Last, First, Middle Initial)

Mailing Address 6430 S Procyon Street

City Las Vegas State NV Zip Code 89118

Purpose of Disbursement Reimbursement memo: Event transportation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB29.4433.5

Amount of Each Disbursement this Period: 1210.76

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. Roshan Patel		Date of Disbursement MM / DD / YYYY 12 / 19 / 2019	
Mailing Address 114 Quay Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4439 Amount of Each Disbursement this Period 6611.50	
City Alexandria	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement Expense reimbursement: Event travel, catering & facilities - IE Account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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 Fontaine		Date of Disbursement MM / DD / YYYY 12 / 19 / 2019	
Mailing Address 901 W 48th Place		FEC Identification Number C [REDACTED] Transaction ID : SB29.4439.0 Amount of Each Disbursement this Period 3262.91	
City Kansas City	State MO	Zip Code 64112	Category/ Type 001
Purpose of Disbursement Reimbursement memo: Event lodging, catering & facilities			
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. Amtrak		Date of Disbursement MM / DD / YYYY 12 / 19 / 2019	
Mailing Address 60 Massachusetts Avenue, NE		FEC Identification Number C [REDACTED] Transaction ID : SB29.4439.1 Amount of Each Disbursement this Period 458.25	
City Washington	State DC	Zip Code 20002	Category/ Type 002
Purpose of Disbursement Reimbursement memo: Rail travel			
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).....▶	6611.50
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

A. National Lieutenant Governors Association

Full Name (Last, First, Middle Initial)

Mailing Address 525 W 5th Street
Suite 226

City Covington State KY Zip Code 41011

Purpose of Disbursement Reimbursement memo: Event registration

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB29.4439.2

Amount of Each Disbursement this Period: 400.00

Memo Item

B. Delta

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Reimbursement memo: Air travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB29.4439.3

Amount of Each Disbursement this Period: 1205.19

Memo Item

C. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB29.4439.4

Amount of Each Disbursement this Period: 617.30

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
DLGA PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 19 / 2019
Mailing Address 4255 Amon Carter Boulevard		FEC Identification Number C [REDACTED] Transaction ID : SB29.4439.5 Amount of Each Disbursement this Period [REDACTED] 582.59
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement Reimbursement memo: Air travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [REDACTED] Amount of Each Disbursement this Period [REDACTED]
City	State	Zip Code
Purpose of Disbursement		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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [REDACTED] Amount of Each Disbursement this Period [REDACTED]
City	State	Zip Code
Purpose of Disbursement		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] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED] 207979.88

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 32
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DLGA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patel, Roshan, , ,			Nature of Debt (Purpose): Reimbursement: Airfare
Mailing Address 1090 Vermont Avenue, NW Suite 750			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4160	
1036.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1036.60	

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1036.60
2) TOTALS This Period (last page this line number only)..... ▶	1036.60
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) ▶	1036.60