

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.

L PAC

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

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

Election on / / in the State of

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [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

L 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="2020"/>	<input type="text" value="9498.11"/>	<input type="text" value="9498.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14635.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="117583.00"/>	<input type="text" value="246495.66"/>
(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="132218.50"/>	<input type="text" value="255993.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="127934.92"/>	<input type="text" value="251710.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4283.58"/>	<input type="text" value="4283.58"/>
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="0.00"/>	

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

L 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).....	26308.00	61508.00
(ii) Unitemized	2275.00	3970.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28583.00	65478.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30583.00	67478.00
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.).....	87000.00	179017.66
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)).....▶	117583.00	246495.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	117583.00	246495.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	1526.99	2796.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1526.99	2796.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	17000.00
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	350.00	350.00
(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)).....	350.00	350.00
29. Other Disbursements (Including Non-Federal Donations).....	112557.93	231563.35
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)) ..	127934.92	251710.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127934.92	251710.19

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)	30583.00	67478.00
34. Total Contribution Refunds (from Line 28(d))	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30233.00	67128.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1526.99	2796.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1526.99	2796.84

**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 6 OF 48
<input checked="" 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 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)
L PAC

A. Allee, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Riverside Dr
 Apt 10E
 City New York State NY Zip Code 10025-5249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Nations Occupation (for Individual) Political Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2020
Transaction ID : VNW3HHMA3N2
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Aptekar, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Beale St
 406
 City San Francisco State CA Zip Code 94105-2090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2020
Transaction ID : VNW3HHKZXZ1
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Barua, Nandini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 Paddock Ln
 City Prosper State TX Zip Code 75078-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beyond Barriers LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2020
Transaction ID : VNW3HHFE670
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 7 OF 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

A. Bennetts, Geni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Lupine Hill Rd
 City Napa State CA Zip Code 94558-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 23 / 2020**
Transaction ID : VNW3HHEY2V4
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brothers, Lynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 Avila Rd
 City San Mateo State CA Zip Code 94402-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 08 / 2020**
Transaction ID : VNW3HHFDZ83
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Buckwalter-Poza, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1447 Chapin St NW 301
 City Washington State DC Zip Code 20009-4125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Justice Collaborative Occupation (for Individual) Senior Strategist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 15 / 2020**
Transaction ID : VNW3HHDW081
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Buskupski, Jackie, , ,		Date of Receipt
Mailing Address 1519 S 1900 E		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2020"/>
City Salt Lake City	State UT	Zip Code 84108-2653
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHKJA54
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Felicio, Diane, , ,		Date of Receipt
Mailing Address 39 Westchester Rd Westchester Road		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2020"/>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHM0N98
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fluharty, Jennifer, , ,		Date of Receipt
Mailing Address 6 Springhouse Cir		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2020"/>
City Manalapan	State NJ	Zip Code 07726-4123
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHFDY09
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
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 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

A. Fust, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4104 24Th St
 529
 City San Francisco State CA Zip Code 94114-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2020
Transaction ID : VNW3HHKMAW1
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Haycox, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 John St
 FI 23
 City New York State NY Zip Code 10038-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Habitat For Humanity NYC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2020
Transaction ID : VNW3HHMVXB5
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hoover, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 SW 1St Ave
 2919
 City Miami State FL Zip Code 33130-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Multifamily Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2020
Transaction ID : VNW3HHF33F1
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

A. Hoover, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 SW 1St Ave
 2919
 City Miami State FL Zip Code 33130-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Multifamily Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : VNW3HHJWQY6
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hoover, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 SW 1St Ave
 2919
 City Miami State FL Zip Code 33130-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Multifamily Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2020
Transaction ID : VNW3HHMZXS6
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Joyce, Ramona, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Skyhill Rd
 Apt 3
 City Alexandria State VA Zip Code 22314-5118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Dept. Of Veterans Affairs Occupation (for Individual) Chief Of Staff, Academic Affiliations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2020
Transaction ID : VNW3HHMA2T2
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Laguens, Dawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2020
Mailing Address 2006 Ashby Ave		Transaction ID : VNW3HHDSP60
City Austin	State TX	Zip Code 78704-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Strategic Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Laguens, Dawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 11 / 2020
Mailing Address 2006 Ashby Ave		Transaction ID : VNW3HHFEY70
City Austin	State TX	Zip Code 78704-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Strategic Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Laguens, Dawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 11 / 2020
Mailing Address 2006 Ashby Ave		Transaction ID : VNW3HHKPV92
City Austin	State TX	Zip Code 78704-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Strategic Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 12 OF 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

A. Linsky, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Evergreen Way
 City Sleepy Hollow State NY Zip Code 10591-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McDermott Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2020
Transaction ID : VNW3HHK5XM0
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martone, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Central Park W Apt 3CCQQVV
 City New York State NY Zip Code 10025-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Law Office Of Patricia A. Martone, P.C Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2020
Transaction ID : VNW3HHDTYQ0
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Murphy, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 Hutchins PI NW
 City Washington State DC Zip Code 20007-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lacrosse Milling Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2020
Transaction ID : VNW3HHEXYJ4
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 13 OF 48
	<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	

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NAME OF COMMITTEE (In Full)
L PAC

A. Newstat, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 California St
 27C
 City San Francisco State CA Zip Code 94109-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Public Relations Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 26 / 2020**
Transaction ID : VNW3HHEZS90
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ritchie, Alix, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 030220
 City Fort Lauderdale State FL Zip Code 33303-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 13 / 2020**
Transaction ID : VNW3HHRKCR7
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Sadoff, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 N 5Th St
 City Hudson State NY Zip Code 12534-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lumeri Occupation (for Individual) Business Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **04 / 24 / 2020**
Transaction ID : VNW3HHEZQM2
 Amount of Each Receipt this Period 1008.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6508.00
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 14 OF 48
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
L PAC

A. Savarese, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Prospect Ave
 City Northampton State MA Zip Code 01060-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2020
Transaction ID : VNW3HHMVXH2
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Stryker, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 W 14Th St FI 9
 City New York State NY Zip Code 10014-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Streamline Circle LLC Occupation (for Individual) Owner
 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
 04 / 27 / 2020
Transaction ID : VNW3HHRKD34
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Tuura, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2016 Foxboro Dr
 City Orlando State FL Zip Code 32812-8658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) TV Technical Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2020
Transaction ID : VNW3HHRKCS5
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 15 OF 48
(check only one)

<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weiner, Shari, L, ,

Mailing Address **900 Park Ave
Apt 17D**

City **New York** State **NY** Zip Code **10075-0280**

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

Name of Employer (for Individual) **Murphy McKeon** Occupation (for Individual) **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	05	/	2020

Transaction ID : VNW3HHF6GP8

Amount of Each Receipt this Period

4000.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

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).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	26308.00

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

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

FOR LINE NUMBER: PAGE 16 OF 48
(check only one)

<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)
L PAC

A. HER TIME PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 499 S Capitol St SW
Ste 407
City Washington State DC Zip Code 20003-4016
FEC ID number of contributing federal political committee. **C** C00634212
Name of Employer (for Individual) Occupation (for Individual)
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
04 / 29 / 2020
Transaction ID : VNW3HHRKCP1
Amount of Each Receipt this Period
2000.00
 Memo Item

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
<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)
L PAC

A. PLANNED PARENTHOOD VOTES
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 123 William St
City New York State NY Zip Code 10038-3804
FEC ID number of contributing federal political committee. **C** C00489799
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **06 / 16 / 2020**
Transaction ID : VNW3HHRKCT3
Amount of Each Receipt this Period 20000.00
 Memo Item
non-contribution account

B. Ritchie, Alix, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 030220
City Fort Lauderdale State FL Zip Code 33303-0220
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Self Employed Philanthropist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 35000.00

Date of Receipt **05 / 13 / 2020**
Transaction ID : VNW3HHRKCQ9
Amount of Each Receipt this Period 35000.00
 Memo Item
non-contribution account

C. Social Good Fund
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12651 San Pablo Ave Unit 5473
City Richmond State CA Zip Code 94805-4021
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 ▼ 8000.00

Date of Receipt **04 / 08 / 2020**
Transaction ID : VNW3HHRKD00
Amount of Each Receipt this Period 2000.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 57000.00
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 18 OF 48
<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)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Social Good Fund		Date of Receipt
Mailing Address 12651 San Pablo Ave Unit 5473		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2020"/>
City Richmond	State CA	Zip Code 94805-4021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHRKD18
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Social Good Fund		Date of Receipt
Mailing Address 12651 San Pablo Ave Unit 5473		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Richmond	State CA	Zip Code 94805-4021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHRKCZ2
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="12000.00"/>		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tomchin, Joy, , ,		Date of Receipt
Mailing Address 252 7Th Ave Apt 15		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2020"/>
City New York	State NY	Zip Code 10001-7326
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HHRKD26
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Film Producer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <input type="text" value="25000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/>		<input type="checkbox"/> Memo Item
		non-contribution account

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="29000.00"/>
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: PAGE 19 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weiner, Shari, L, ,

Mailing Address 900 Park Ave
Apt 17D

City New York State NY Zip Code 10075-0280

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

Name of Employer (for Individual) Occupation (for Individual)
Murphy McKeon Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2020

Transaction ID : VNW3HHRKGT0

Amount of Each Receipt this Period
1000.00

Memo Item

non contribution account.

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

Mailing Address

City State Zip Code

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	87000.00

**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)
L PAC

Full Name (Last, First, Middle Initial) A. Paragon Payment Solutions		Date of Disbursement MM / DD / YYYY 04 / 02 / 2020
Mailing Address 2141 E Broadway Rd		FEC Identification Number C Transaction ID : VNV49A0RRE Amount of Each Disbursement this Period 803.72
City Tempe	State AZ	
Zip Code 85282-1892	Purpose of Disbursement Merchant Fee	Memo Item <input type="checkbox"/>
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. Paragon Payment Solutions		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address 2141 E Broadway Rd		FEC Identification Number C Transaction ID : VNV49A0V9E Amount of Each Disbursement this Period 237.78
City Tempe	State AZ	
Zip Code 85282-1892	Purpose of Disbursement Merchant Fee	Memo Item <input type="checkbox"/>
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) C. Paragon Payment Solutions		Date of Disbursement MM / DD / YYYY 06 / 01 / 2020
Mailing Address 2141 E Broadway Rd		FEC Identification Number C Transaction ID : VNV49A10EF Amount of Each Disbursement this Period 419.86
City Tempe	State AZ	
Zip Code 85282-1892	Purpose of Disbursement Merchant Fee	Memo Item <input type="checkbox"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1461.36
TOTAL This Period (last page this line number only).....▶	1461.36

**SCHEDULE B (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)
L PAC

A. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)
ANGIE CRAIG FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 18 / 2020

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122-0116

Purpose of Disbursement Contribution

Candidate Name CRAIG, ANGELA DAWN, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MN District: 02

FEC Identification Number: C00575209
Transaction ID : VNV49A10ES
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. BETH DOGLIO FOR CONGRESS

Full Name (Last, First, Middle Initial)
BETH DOGLIO FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 18 / 2020

Mailing Address PO Box 301

City Olympia State WA Zip Code 98507-0301

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 10

FEC Identification Number: C00735308
Transaction ID : VNV49A10EW
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. COMMITTEE TO ELECT SABRINA HAAKE

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT SABRINA HAAKE

Date of Disbursement: MM / DD / YYYY
05 / 11 / 2020

Mailing Address 8501 Locust Ave

City Gary State IN Zip Code 46403-1416

Purpose of Disbursement Contribution

Candidate Name HAAKE, SABRINA, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 01

FEC Identification Number: C00729145
Transaction ID : VNV49A10EF
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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)
L PAC

A. GEORGETTE GOMEZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 777 S Figueroa St
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement Contribution

Candidate Name **GOMEZ, GEORGETTE, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 53

Date of Disbursement: 06 / 18 / 2020

FEC Identification Number: **C00719112**
Transaction ID : **VNV49A10EV**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Gina Ortiz Jones For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 769186

City San Antonio State TX Zip Code 78245-9186

Purpose of Disbursement Contribution

Candidate Name **Ortiz Jones, Gina, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 23

Date of Disbursement: 06 / 18 / 2020

FEC Identification Number: **C00652297**
Transaction ID : **VNV49A10EX**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. PAT HACKETT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8066

City South Bend State IN Zip Code 46660-8066

Purpose of Disbursement Contribution

Candidate Name **HACKETT, MARY PATRICIA, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement: 05 / 11 / 2020

FEC Identification Number: **C00659078**
Transaction ID : **VNV49A10EC**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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)
L PAC

A. SHARICE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 13851 W 63Rd St
NUM 303

City Shawnee State KS Zip Code 66216-3800

Purpose of Disbursement Contribution

Candidate Name **DAVIDS, SHARICE, , ,**

Office Sought: House Senate President
State: KS District: 03

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 18 / 2020

FEC Identification Number: **C** C00670034
Transaction ID : VNV49A10ET

Amount of Each Disbursement this Period: 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	13500.00

**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Bria, Karen, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1543 Calypso Dr

City Aptos State CA Zip Code 95003-5802

Purpose of Disbursement Contribution Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0SJS

Amount of Each Disbursement this Period: 350.00

Memo Item

B.

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

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).....▶	350.00
TOTAL This Period (last page this line number only).....▶	350.00

**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)
L PAC

A. Blue Wave Political Partners LLC

Full Name (Last, First, Middle Initial)

Mailing Address 514 Daniels St # 286

City Raleigh State NC Zip Code 27605-1317

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0RRF

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Blue Wave Political Partners LLC

Full Name (Last, First, Middle Initial)

Mailing Address 514 Daniels St # 286

City Raleigh State NC Zip Code 27605-1317

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10EZ

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Bowers, Meredith, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3645 13Th St NW

City Washington State DC Zip Code 20010-1408

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10E1

Amount of Each Disbursement this Period: 159.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3659.03

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

**SCHEDULE B (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)
L PAC

A. Bowers, Meredith, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3645 13Th St NW

City Washington State DC Zip Code 20010-1408

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10JF

Amount of Each Disbursement this Period: 278.30

Memo Item

B. Care Creative

Full Name (Last, First, Middle Initial)

Mailing Address 172 Pacific Avenue,

City Toronto ON M6P 2P5 Canada State ZZ Zip Code 00000

Purpose of Disbursement Graphic Design

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0RRC

Amount of Each Disbursement this Period: 637.50

Memo Item

C. Care Creative

Full Name (Last, First, Middle Initial)

Mailing Address 172 Pacific Avenue,

City Toronto ON M6P 2P5 Canada State ZZ Zip Code 00000

Purpose of Disbursement Website Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 19 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10FF

Amount of Each Disbursement this Period: 1572.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2488.30

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

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

Date of Disbursement: / /

Mailing Address: 1 Meridian Blvd, Ste 3A01

City: Wyomissing, State: PA, Zip Code: 19610-3235

Purpose of Disbursement: Insurance

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Transaction ID: **VNV49A0RR1**

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: / /

Mailing Address: 1 Meridian Blvd, Ste 3A01

City: Wyomissing, State: PA, Zip Code: 19610-3235

Purpose of Disbursement: Insurance

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Transaction ID: **VNV49A10JV**

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: / /

Mailing Address: 1 Meridian Blvd, Ste 3A01

City: Wyomissing, State: PA, Zip Code: 19610-3235

Purpose of Disbursement: Insurance

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Transaction ID: **VNV49A10F2**

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)
L PAC

Full Name (Last, First, Middle Initial) A. Committee To Elect Renee Richer For State Rep			Date of Disbursement MM / DD / YYYY 06 / 24 / 2020	
Mailing Address PO Box 21				
City Escanaba	State MI	Zip Code 49829-0021	FEC Identification Number C [] Transaction ID : VNV49A10JQ Amount of Each Disbursement this Period [] 1000.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Non Federal Contribution		Candidate Name []	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: [] District: []				
Full Name (Last, First, Middle Initial) B. DC Health Link			Date of Disbursement MM / DD / YYYY 05 / 14 / 2020	
Mailing Address PO Box 97022				
City Washington	State DC	Zip Code 20090-7022	FEC Identification Number C [] Transaction ID : VNV49A10F0' Amount of Each Disbursement this Period [] 3799.74 non-contribution account <input type="checkbox"/> Memo Item	
Purpose of Disbursement Insurance		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) C. DC Health Link			Date of Disbursement MM / DD / YYYY 06 / 22 / 2020	
Mailing Address PO Box 97022				
City Washington	State DC	Zip Code 20090-7022	FEC Identification Number C [] Transaction ID : VNV49A10JN Amount of Each Disbursement this Period [] 3799.74 non-contribution account <input type="checkbox"/> Memo Item	
Purpose of Disbursement Insurance		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: []				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 8599.48	
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
L PAC

Full Name (Last, First, Middle Initial) A. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 04 / 14 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A0RRz Amount of Each Disbursement this Period 119.82 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A0SJK Amount of Each Disbursement this Period 119.84 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 05 / 14 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A10Eh Amount of Each Disbursement this Period 819.83 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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).....▶	3059.49
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
L PAC

Full Name (Last, First, Middle Initial) A. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 05 / 29 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A10EJ Amount of Each Disbursement this Period 819.83 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 06 / 12 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A10EK Amount of Each Disbursement this Period 819.83 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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. Fouracre, Matthew, , ,		Date of Disbursement MM / DD / YYYY 06 / 29 / 2020
Mailing Address 2523 13Th St NW Apt 207		FEC Identification Number C Transaction ID : VNV49A10JE Amount of Each Disbursement this Period 819.82 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Salary	Zip Code 20009-5200	Category/ Type
Candidate Name	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).....▶	2459.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
21b 22 23 26 27
28a 28b 28c x 29 30b
Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
L PAC

A. Friends Of Jody LaMacchia
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 503
City Oxford State MI Zip Code 48371-0503
Purpose of Disbursement Non Federal Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2020
Primary General Other (specify)
Date of Disbursement 06 / 24 / 2020
FEC Identification Number
Transaction ID : VNV49A10JP
Amount of Each Disbursement this Period 1000.00
Memo Item

B. Goldenberg, Kira, , ,
Full Name (Last, First, Middle Initial)
Mailing Address 345 W 145Th St Apt 3A6
City New York State NY Zip Code 10031-5336
Purpose of Disbursement Communications Consulting
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
Date of Disbursement 04 / 17 / 2020
FEC Identification Number
Transaction ID : VNV49A0RRY
Amount of Each Disbursement this Period 5000.00
non-contribution account
Memo Item

C. Goldenberg, Kira, , ,
Full Name (Last, First, Middle Initial)
Mailing Address 345 W 145Th St Apt 3A6
City New York State NY Zip Code 10031-5336
Purpose of Disbursement Communications Consulting
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
Date of Disbursement 05 / 14 / 2020
FEC Identification Number
Transaction ID : VNV49A10Ec
Amount of Each Disbursement this Period 5000.00
non-contribution account
Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 11000.00
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)
L PAC

A. Goldenberg, Kira, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 345 W 145Th St
Apt 3A6

City New York State NY Zip Code 10031-5336

Purpose of Disbursement Communications Consulting

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2020

FEC Identification Number: C
Transaction ID : VNV49A10JG
Amount of Each Disbursement this Period: 5000.00
non-contribution account
 Memo Item

B. Google

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Software

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 02 / 2020

FEC Identification Number: C
Transaction ID : VNV49A0RRC
Amount of Each Disbursement this Period: 76.32
non-contribution account
 Memo Item

C. Google

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Software

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 04 / 2020

FEC Identification Number: C
Transaction ID : VNV49A0V9E
Amount of Each Disbursement this Period: 76.32
non-contribution account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5152.64

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

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10FD Amount of Each Disbursement this Period [REDACTED] 76.32 non-contribution account <input type="checkbox"/> Memo Item
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software		Category/ Type [REDACTED]
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. Harmon Curran Spielberg + Eisenberg LLP		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10F3! Amount of Each Disbursement this Period [REDACTED] 804.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
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. Harmon Curran Spielberg + Eisenberg LLP		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10F4 Amount of Each Disbursement this Period [REDACTED] 1193.00 non-contribution account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2073.32
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)
L PAC

Full Name (Last, First, Middle Initial) A. IPFS Corporation		Date of Disbursement MM / DD / YYYY 04 / 02 / 2020
Mailing Address 30 Montgomery St		FEC Identification Number C Transaction ID : VNV49A0RRJ Amount of Each Disbursement this Period 1275.44 non-contribution account <input type="checkbox"/> Memo Item
City Jersey City	State NJ	
Zip Code 07302-3829	Purpose of Disbursement Insurance	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:	

Full Name (Last, First, Middle Initial) B. IPFS Corporation		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address 30 Montgomery St		FEC Identification Number C Transaction ID : VNV49A0V9B Amount of Each Disbursement this Period 1275.44 non-contribution account <input type="checkbox"/> Memo Item
City Jersey City	State NJ	
Zip Code 07302-3829	Purpose of Disbursement Insurance	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:	

Full Name (Last, First, Middle Initial) C. IPFS Corporation		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 30 Montgomery St		FEC Identification Number C Transaction ID : VNV49A10F1 Amount of Each Disbursement this Period 1275.44 non-contribution account <input type="checkbox"/> Memo Item
City Jersey City	State NJ	
Zip Code 07302-3829	Purpose of Disbursement Insurance	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	3826.32
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Jamie For Oregon		Date of Disbursement MM / DD / YYYY 04 / 20 / 2020
Mailing Address 8080 11Th St Unit 64		FEC Identification Number C Transaction ID : VNV49A0SK4 Amount of Each Disbursement this Period 1000.00
City Terrebonne	State OR	
Zip Code 97760-0802		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. Kristen For NY 93		Date of Disbursement MM / DD / YYYY 04 / 20 / 2020
Mailing Address 604 Quaker Rd		FEC Identification Number C Transaction ID : VNV49A0SK5 Amount of Each Disbursement this Period 1000.00
City Chappaqua	State NY	
Zip Code 10514-1500		Memo Item <input type="checkbox"/>
Purpose of Disbursement Non Federal Contribution		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 06 / 01 / 2020
Mailing Address 1101 15Th St NW Ste 500		FEC Identification Number C Transaction ID : VNV49A10FC Amount of Each Disbursement this Period 535.00 non-contribution account
City Washington	State DC	
Zip Code 20005-5006		Memo Item <input type="checkbox"/>
Purpose of Disbursement Subscription		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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).....▶	2535.00
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)
L PAC

Full Name (Last, First, Middle Initial) A. Olive Street Design		Date of Disbursement MM / DD / YYYY 04 / 02 / 2020
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0RR1 Amount of Each Disbursement this Period [REDACTED] 34.00 non-contribution account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Category/ Type [REDACTED]
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. Olive Street Design		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0V991 Amount of Each Disbursement this Period [REDACTED] 34.00 non-contribution account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Category/ Type [REDACTED]
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. Olive Street Design		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10FC Amount of Each Disbursement this Period [REDACTED] 34.00 non-contribution account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 102.00
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)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 04 / 15 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0RR1
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Amount of Each Disbursement this Period [REDACTED] 136.56
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 04 / 15 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0RR1
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period [REDACTED] 2029.77
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 04 / 20 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0SJ1
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Fee		Amount of Each Disbursement this Period [REDACTED] 0.05
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2166.38
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 04 / 30 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV49A0SJV Amount of Each Disbursement this Period 125.96 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Fee	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:	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 04 / 30 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV49A0SJW Amount of Each Disbursement this Period 2025.25 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	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:	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV49A10FF Amount of Each Disbursement this Period 2025.26 non-contribution account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	4176.47
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020	
Mailing Address 911 Panorama Trl S			
City Rochester	State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Fee		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : VNV49A10FJ Amount of Each Disbursement this Period 125.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item non-contribution account		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 05 / 29 / 2020	
Mailing Address 911 Panorama Trl S			
City Rochester	State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Taxes		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : VNV49A10FK Amount of Each Disbursement this Period 1943.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item non-contribution account		

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 06 / 01 / 2020	
Mailing Address 911 Panorama Trl S			
City Rochester	State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Fee		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : VNV49A10FM Amount of Each Disbursement this Period 189.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item non-contribution account		

SUBTOTAL of Disbursements This Page (optional).....▶	2258.89
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
L PAC

A. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10FN

Amount of Each Disbursement this Period: 125.95

Memo Item

B. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10FP

Amount of Each Disbursement this Period: 1925.76

Memo Item

C. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10JJ

Amount of Each Disbursement this Period: 125.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2177.66

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

A. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10JK

Amount of Each Disbursement this Period: 1955.89

Memo Item

B. Sandberg, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 32 Vreeland Ct

City Princeton State NJ Zip Code 08540-6760

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0RRX

Amount of Each Disbursement this Period: 2594.48

Memo Item

C. Sandberg, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 32 Vreeland Ct

City Princeton State NJ Zip Code 08540-6760

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0SJF

Amount of Each Disbursement this Period: 2594.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7144.85

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

Full Name (Last, First, Middle Initial) A. Sandberg, Stephanie, , ,		Date of Disbursement MM / DD / YYYY 05 / 14 / 2020	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10ED	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 2894.48
Purpose of Disbursement Salary		Category/ Type [REDACTED]	non-contribution account <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. Sandberg, Stephanie, , ,		Date of Disbursement MM / DD / YYYY 05 / 29 / 2020	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10EE	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 2903.77
Purpose of Disbursement Salary		Category/ Type [REDACTED]	non-contribution account <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. Sandberg, Stephanie, , ,		Date of Disbursement MM / DD / YYYY 06 / 12 / 2020	
Mailing Address 32 Vreeland Ct		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10EF	
City Princeton	State NJ	Zip Code 08540-6760	Amount of Each Disbursement this Period [REDACTED] 2910.41
Purpose of Disbursement Salary		Category/ Type [REDACTED]	non-contribution account <input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 8708.66
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

A. Sandberg, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 32 Vreeland Ct

City Princeton State NJ Zip Code 08540-6760

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10JH

Amount of Each Disbursement this Period: 2910.42

Memo Item

B. Stair For Senate

Full Name (Last, First, Middle Initial)

Mailing Address 6212 Sedona Dr NE

City Albuquerque State NM Zip Code 87111-8147

Purpose of Disbursement Non Federal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0SK6

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Stamps.Com

Full Name (Last, First, Middle Initial)

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0RR1

Amount of Each Disbursement this Period: 17.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3928.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. Stamps.Com

Full Name (Last, First, Middle Initial)

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10JM

Amount of Each Disbursement this Period: 100.00

Memo Item

B. Stamps.Com

Full Name (Last, First, Middle Initial)

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 13 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10F6!

Amount of Each Disbursement this Period: 17.99

Memo Item

C. Stamps.Com

Full Name (Last, First, Middle Initial)

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10F9

Amount of Each Disbursement this Period: 17.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 135.98

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

Full Name (Last, First, Middle Initial) A. The Turner Group		Date of Disbursement MM / DD / YYYY 04 / 01 / 2020
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0RR1
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Strategy Consulting		Amount of Each Disbursement this Period [REDACTED] 8125.00
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) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. The Turner Group		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0SJY
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Strategy Consulting		Amount of Each Disbursement this Period [REDACTED] 8125.00
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) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. The Turner Group		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10F5
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Strategy Consulting		Amount of Each Disbursement this Period [REDACTED] 9323.46
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) ▼	<input type="checkbox"/> non-contribution account
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 25573.46
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)
L PAC

Full Name (Last, First, Middle Initial) A. The Turner Group		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address PO Box 5373		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10JM
City Virginia Beach	State VA	Zip Code 23471-0373
Purpose of Disbursement Political Strategy Consulting		Amount of Each Disbursement this Period [REDACTED] 8125.00
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) B. Witeck Communications		Date of Disbursement MM / DD / YYYY 04 / 10 / 2020
Mailing Address 2120 L St NW Ste 850		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0RRF
City Washington	State DC	Zip Code 20037-1550
Purpose of Disbursement Rent		Amount of Each Disbursement this Period [REDACTED] 650.00
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

Full Name (Last, First, Middle Initial) C. Witeck Communications		Date of Disbursement MM / DD / YYYY 05 / 01 / 2020
Mailing Address 2120 L St NW Ste 850		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0SJ2
City Washington	State DC	Zip Code 20037-1550
Purpose of Disbursement Rent		Amount of Each Disbursement this Period [REDACTED] 650.00
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) ▼	<input type="checkbox"/> non-contribution account
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9425.00
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)
L PAC

A. Witeck Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2120 L St NW
Ste 850

City Washington State DC Zip Code 20037-1550

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 12 / 2020

FEC Identification Number: C

Transaction ID : VNV49A10FA

Amount of Each Disbursement this Period: 650.00

Memo Item

B. Zoom.US

Full Name (Last, First, Middle Initial)

Mailing Address 55 Almaden Blvd

City San Jose State CA Zip Code 95113-1608

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 01 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0RRS

Amount of Each Disbursement this Period: 15.89

Memo Item

C. Zoom.US

Full Name (Last, First, Middle Initial)

Mailing Address 55 Almaden Blvd

City San Jose State CA Zip Code 95113-1608

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 24 / 2020

FEC Identification Number: C

Transaction ID : VNV49A0SK

Amount of Each Disbursement this Period: 42.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 708.29

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Zoom.US		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address 55 Almaden Blvd		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0V9D Amount of Each Disbursement this Period [REDACTED] 15.89 non-contribution account <input type="checkbox"/> Memo Item
City San Jose	State CA	Zip Code 95113-1608
Purpose of Disbursement Software		Category/ Type [REDACTED]
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. Zoom.US		Date of Disbursement MM / DD / YYYY 05 / 08 / 2020
Mailing Address 55 Almaden Blvd		FEC Identification Number C [REDACTED] Transaction ID : VNV49A0V9C Amount of Each Disbursement this Period [REDACTED] 125.79 non-contribution account <input type="checkbox"/> Memo Item
City San Jose	State CA	Zip Code 95113-1608
Purpose of Disbursement Software		Category/ Type [REDACTED]
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. Zoom.US		Date of Disbursement MM / DD / YYYY 06 / 01 / 2020
Mailing Address 55 Almaden Blvd		FEC Identification Number C [REDACTED] Transaction ID : VNV49A10FE Amount of Each Disbursement this Period [REDACTED] 15.89 non-contribution account <input type="checkbox"/> Memo Item
City San Jose	State CA	Zip Code 95113-1608
Purpose of Disbursement Software		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 157.57
TOTAL This Period (last page this line number only).....▶	[REDACTED] 112244.99