

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

MEGAPHONE

ADDRESS (number and street)

PO BOX 341028

Check if different
than previously
reported. (ACC)

AUSTIN

TX

78734

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00569517

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2017

through

M M M / D D D / Y Y Y Y Y Y
09 30 2017

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

MCALPIN, LUKE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MCALPIN, LUKE, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2017

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**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MEGAPHONE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		103171.21
(b) Cash on Hand at Beginning of Reporting Period.....	55445.32	
(c) Total Receipts (from Line 19)	0.00	200000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55445.32	303171.21
7. Total Disbursements (from Line 31).....	13.00	247738.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55432.32	55432.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	419337.02	



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MEGAPHONE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	7		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

200000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

200000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

200000.00

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.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

0.00

200000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

200000.00

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	13.00	73124.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13.00	73124.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	174614.00
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)) ..	13.00	247738.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13.00	247738.89

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	200000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	13.00	73124.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	13.00	73124.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

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

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

NAME OF COMMITTEE (In Full)

MEGAPHONE

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK NA

Mailing Address PO BOX 6995

City
PORTLANDState
ORZip Code
97228Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5115

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK NA

Mailing Address PO BOX 6995

City
PORTLANDState
ORZip Code
97228Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5116

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

13.00

13.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

2028.32

Transaction ID : SD10.4677

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2028.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

6580.00

Transaction ID : SD10.4724

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6580.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

857.50

Transaction ID : SD10.4744

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

9465.82

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

1242.50

Transaction ID : SD10.4756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1242.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

11637.50

Transaction ID : SD10.4825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11637.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

5530.00

Transaction ID : SD10.4855

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5530.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18410.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

16800.00

Transaction ID : SD10.4980

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

7472.50

Transaction ID : SD10.4981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7472.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

1575.00

Transaction ID : SD10.4995

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1575.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

25847.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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PAGE 10 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

2415.00

Transaction ID : SD10.5024

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2415.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

1792.31

Transaction ID : SD10.5034

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1792.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

3062.50

Transaction ID : SD10.5037

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3062.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

7269.81

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

4455.00

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4455.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

1777.50

Transaction ID : SD10.5070

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1777.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

1462.50

Transaction ID : SD10.5103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1462.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

7695.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

2115.00

Transaction ID : SD10.5108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2115.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RightSide ComplianceNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 341027

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5109

Amount Incurred This Period

1012.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1012.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober GroupNature of Debt (Purpose):
Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

5258.89

Transaction ID : SD10.4853

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5258.89

1) **SUBTOTALS** This Period This Page (optional)..... ►

8386.39

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 13 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

10994.00

Transaction ID : SD10.4982

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10994.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

8162.50

Transaction ID : SD10.4983

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8162.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

890.50

Transaction ID : SD10.5004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

890.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

20047.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

332.00

Transaction ID : SD10.5021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

332.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

923.50

Transaction ID : SD10.5038

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

923.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

7369.00

Transaction ID : SD10.5039

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7369.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8624.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

10049.50

Transaction ID : SD10.5066

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10049.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.5071

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Gober Group

Nature of Debt (Purpose):

Legal Services

Mailing Address PO Box 341016

City
AustinState
TXZip Code
78734

Outstanding Balance Beginning This Period

436.50

Transaction ID : SD10.5101

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

10686.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tusk Digital

Nature of Debt (Purpose):

Website Development and Design

Mailing Address 718 7th St NW
2nd FloorCity
WashingtonState
DCZip Code
20001

Outstanding Balance Beginning This Period

297000.00

Transaction ID : SD10.4139

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

297000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tusk Digital

Nature of Debt (Purpose):

Graphics Design and Website Development

Mailing Address 718 7th St NW
2nd FloorCity
WashingtonState
DCZip Code
20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5117

Amount Incurred This Period

4255.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4255.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tusk Digital

Nature of Debt (Purpose):

Website Domain and Licensing

Mailing Address 718 7th St NW
2nd FloorCity
WashingtonState
DCZip Code
20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5122

Amount Incurred This Period

1650.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1650.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

302905.00

2) **TOTALS** This Period (last page this line number only)..... ►

419337.02

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

419337.02