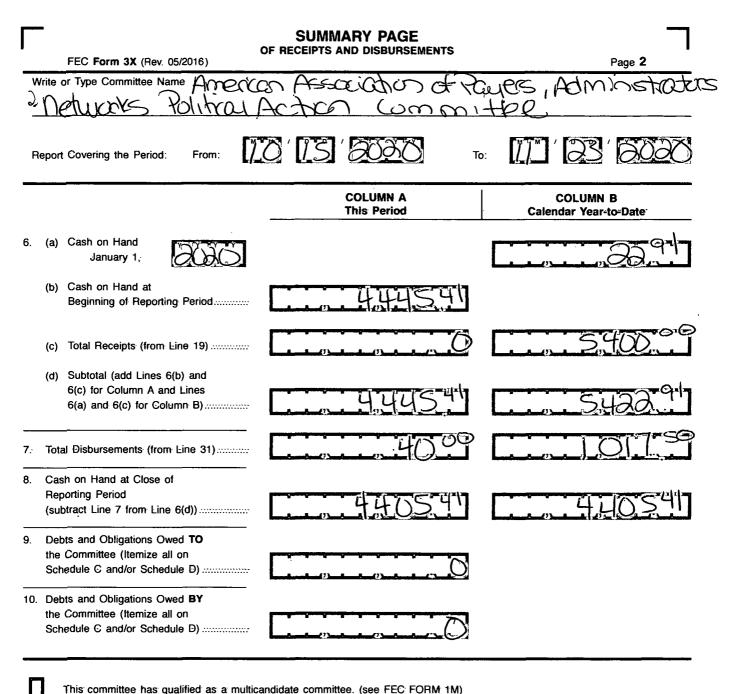
FEC FORM 3X	REPORT OF AND DISBUI For Other Than An Au	RSEMENTS) NTER 7 9: 10 Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V	Example: If typing, type over the lines.		
ADDRESS (number and structure) Check if different than previously reported. (ACC)	1 Slife 16	nof Payers Action Co QUISTA B 21	Dect	
2. FEC IDENTIFICATIO			STATE A	
April 15 Quarterly Reports April 15 Quarterly Reports July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re July 31 Mid- Report (Non- Year Only) (f Termination f (TER)	XT (b) Monthly Report Fe Report Due On: M. Due On: M. Ar port (Q1) (c) 12-Day PRE-Election port (Q2) PRE-Election Report for the: port (Q3) (d) 30-Day Election Year (d) 30-Day POST-Election Report Report for the: Report for the:	IS THIS REPORT NEW (N) ab 20 (M2) May 20 ar 20 (M3) Jun 20 br 20 (M4) Jul 20 (M4) D Primary (12P) Convention (12C) tion on Image: Arrow of the second s	(M6) Sep 20 (M9) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Type or Print Name of Tre Signature of Treasurer NOTE: Submission of false,	ned this Report and to the best easurer	Fundong	Date	35 (2000)
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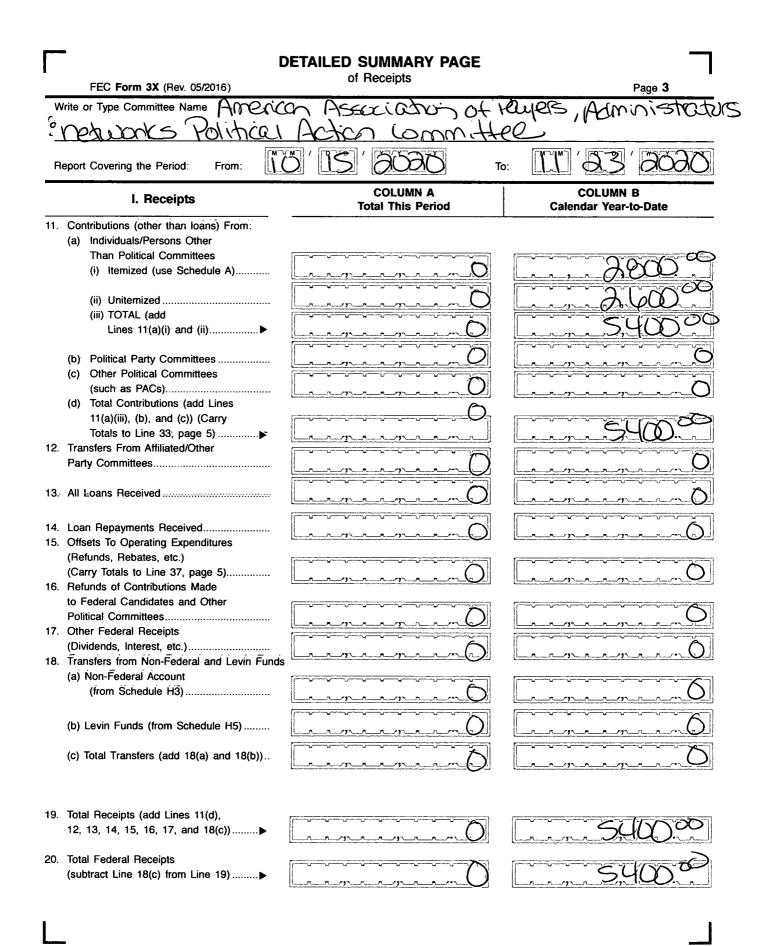


This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

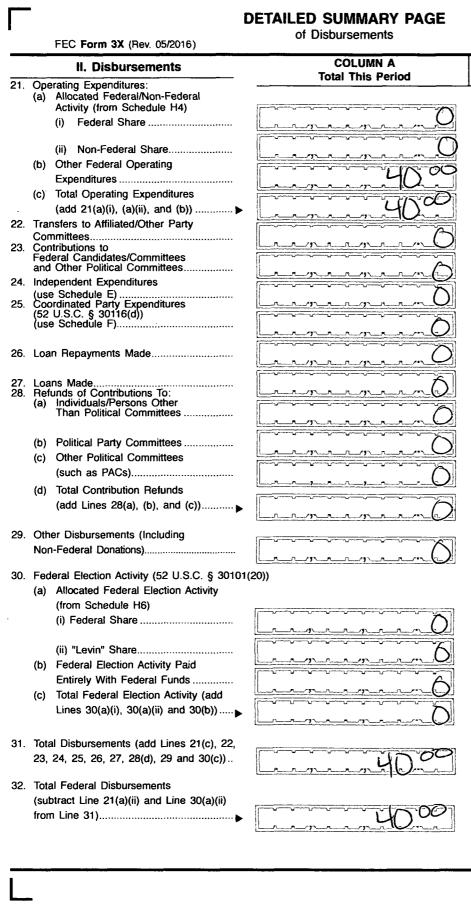
Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

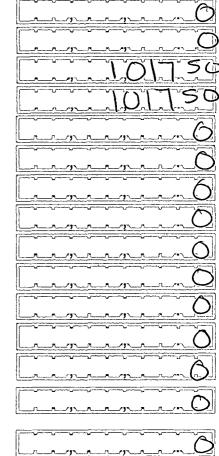
> Toll Free 800-424-9530 Local 202-694-1100

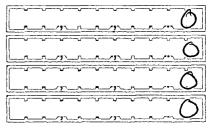


Page 4

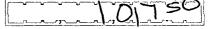
COLUMN B Calendar Year-to-Date











DETAILED SUMMARY PAGE

of Disbursements

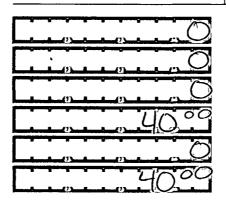
COLUMN A

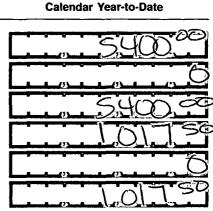
Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

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





COLUMN B

Page 5

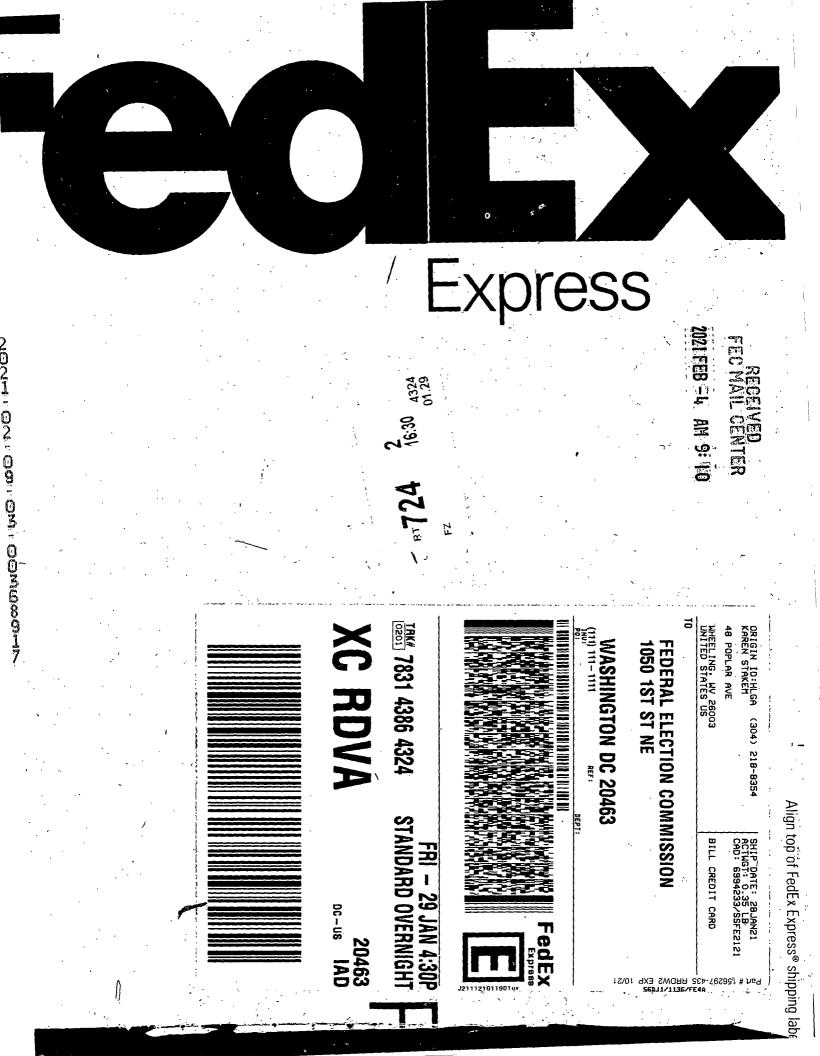
SCHEDULE B (FEC Form 3X)		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b
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Full Name (Last, First, Middle Initial)			
A. Sentrust Bar	ik		
Mailing Address PO BOX 20	15183		
	State N Zip Code 37	230	FEC Identification Number
Purpose of Disbursement	ſ		С
Candidate Name	L	Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For:	Туре	
Senate President	Primary General Other (specify) ▼		
State: District:			Memo Item
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
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		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For: Primary General		
President	Other (specify)		
State: District:			
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Office Sought: House Disburser	ment For:	Туре	
Senate Senate	Primary General Other (specify) ▼		
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SUBTOTAL of Disbursements This Page (optional)		····· •	
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	••••••	40.°°

FEC Schedule B (Form 3X) Rev. 05/2016

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