

**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

Ultraviolet PAC

ADDRESS (number and street)

700 13th Street, NW

Suite 600

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00629477

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ 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
08 01 2018

through

M M M / D D D / Y Y Y Y Y Y
08 31 2018

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

Thomas, Shaunna, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Thomas, Shaunna, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 20 2018

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

Ultraviolet PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		172510.29
(b) Cash on Hand at Beginning of Reporting Period.....	157439.26	
(c) Total Receipts (from Line 19)	65086.28	99420.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	222525.54	271931.24
7. Total Disbursements (from Line 31).....	10242.54	59648.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	212283.00	212283.00
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)	6555.55	



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

Ultraviolet PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08		01		2018

To:

M M	/	D D	/	Y Y Y Y
08		31		2018

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).....

52237.00

72678.00

(ii) Unitemized

12849.28

26742.95

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

65086.28

99420.95

(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)

65086.28

99420.95

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))

65086.28

99420.95

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

65086.28

99420.95

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	10242.54	59603.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10242.54	59603.24
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	45.00
(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	45.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	10242.54	59648.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10242.54	59648.24

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)	65086.28	99420.95
34. Total Contribution Refunds (from Line 28(d))	0.00	45.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65086.28	99375.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10242.54	59603.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	10242.54	59603.24

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

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

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. Steele, Mary, , ,

Mailing Address 24561 La Hermosa Ave

City

Laguna Niguel

State

CA

Zip Code

92677-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2018

Transaction ID : VTE5PSW9VY0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2018

Transaction ID : VTE5PSW9VY0E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Walsh, Eugene, , ,

Mailing Address 57 Walsh Dr

City

Putney

State

VT

Zip Code

05346-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

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
08 / 03 / 2018

Transaction ID : VTE5PS9AEF1

Amount of Each Receipt this Period

400.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

1400.00

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

PAGE 7 OF 24

<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)

Ultraviolet PAC

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

A. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		10		2018

Transaction ID : VTE5PS9AEF1E

Amount of Each Receipt this Period

400.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Brock, Martin, , ,Mailing Address 411 Westchester Ave
Apt 5R

City

Port Chester

State

NY

Zip Code

10573-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		10		2018

Transaction ID : VTE5PSEA8F1

Amount of Each Receipt this Period

27.00

☐ Memo Item

* Earmarked Contribution: See Below

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

C. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		20		2018

Transaction ID : VTE5PSEA8F1E

Amount of Each Receipt this Period

27.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

27.00

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 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. Goldman, Susan, , ,

Mailing Address 2500 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20008-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2018

Transaction ID : VTE5PSEA7W1

Amount of Each Receipt this Period

200.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2018

Transaction ID : VTE5PSEA7W1E

Amount of Each Receipt this Period

200.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Holland, Lucy, , ,

Mailing Address PO Box 584

City
LenoxState
MAZip Code
01240-0584FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

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
07 / 25 / 2018

Transaction ID : VTE5PS63TZ3

Amount of Each Receipt this Period

200.00

☐ Memo Item

* Earmarked Contribution: See Below

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

400.00

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 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2018

Transaction ID : VTE5PS63TZ3E

Amount of Each Receipt this Period

200.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Down, Anne, , ,

Mailing Address 578 Cresta Vista Ln

City

Portola Valley

State

CA

Zip Code

94028-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2018

Transaction ID : VTE5PSW9VW4

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Earmarked Contribution: See Below

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

C. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

Transaction ID : VTE5PSW9VW4E

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. Pritzker, Nicholas, J, ,

Mailing Address 1 Letterman Dr
Ste C4-420City
San FranciscoState
CAZip Code
94129-1494FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hyatt Development CorporationOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2018

Transaction ID : VTE5PSCP055

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

B. Goldman, Susan, , ,

Mailing Address 2500 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20008-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2018

Transaction ID : VTE5PS63V76

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Earmarked Contribution: See Below

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

C. ActBlue

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2018

Transaction ID : VTE5PS63V76E

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

50075.00

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 11 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. Hall, Camille, , ,

Mailing Address 7175 NW Mountain View Dr

City
CorvallisState
ORZip Code
97330-9118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2018

Transaction ID : VTE5PSPJCG7

Amount of Each Receipt this Period

205.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : VTE5PSPJCG7E

Amount of Each Receipt this Period

205.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Nesler, Cheryl, , ,

Mailing Address 68-1025 N Kaniku Dr
Apt 619

City

Kamuela

State

HI

Zip Code

96743-8782

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2018

Transaction ID : VTE5PS9AEZ8

Amount of Each Receipt this Period

30.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

235.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ultraviolet PAC

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

A. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2018

Transaction ID : VTE5PS9AEZ8E

Amount of Each Receipt this Period

30.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Bivins, Lucy, , ,

Mailing Address 2634 Lake View Ter E

City

Los Angeles

State

CA

Zip Code

90039-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2018

Transaction ID : VTE5PSW9WP9

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

C. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

15086.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2018

Transaction ID : VTE5PSW9WP9E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

25.00

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

52237.00

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

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

A. UltraViolet Action

Mailing Address PO Box 34756

City
WashingtonState
DCZip Code
20043-4756Purpose of Disbursement
Staff Time & Overhead

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
08		15		2018

FEC Identification Number

C**Transaction ID : VTD6EA9CYI**

Amount of Each Disbursement this Period

8081.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing 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
08		12		2018

FEC Identification Number

C**Transaction ID : VTD6EA9DXS**

Amount of Each Disbursement this Period

145.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing 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
08		03		2018

FEC Identification Number

C**Transaction ID : VTD6EA9DE!**

Amount of Each Disbursement this Period

261.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8488.47

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 PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing 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
08		26		2018

FEC Identification Number

C

Transaction ID : VTD6EA9HF1

Amount of Each Disbursement this Period

77.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose 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
08		24		2018

FEC Identification Number

C

Transaction ID : VTD6EA9HXX

Amount of Each Disbursement this Period

63.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN, Inc.Mailing Address 1101 15th St NW
Ste 500City
WashingtonState
DCZip Code
20005-5006Purpose of Disbursement
Database Services

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
08		20		2018

FEC Identification Number

C

Transaction ID : VTD6EA9EK:

Amount of Each Disbursement this Period

600.00

☐ Memo Item

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

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

741.46

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

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

A. Sires, Nellie, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2018

Mailing Address 3729 New Hampshire Ave NW

City
WashingtonState
DCZip Code
20010-1601Purpose of Disbursement
Research Consulting Services

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C**Transaction ID : VTD6EA9HF0**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2018

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C**Transaction ID : VTD6EA9AG7**

Amount of Each Disbursement this Period

44.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2018

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C**Transaction ID : VTD6EA99A4**

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

945.87

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

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

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132Purpose of Disbursement
Credit Card Processing 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
08		19		2018

FEC Identification Number

C

Transaction ID : VTD6EA9FK0

Amount of Each Disbursement this Period

66.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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).....▶

66.74

10242.54

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

PAGE 17 OF 24

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

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5Q0

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5H2

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5P2

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

2250.00

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 18 OF 24

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

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5T3

Amount Incurred This Period

555.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

555.55

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5G4

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5N4

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

2055.55

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 19 OF 24

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

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5S5

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5M6

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

Revolution Messaging, LLC

Nature of Debt (Purpose):

Digital Advertising - Estimate

Mailing Address 1120 Connecticut Avenue, NW
Suite 1100City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTB7Y9HA5R8

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

2250.00

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

6555.55

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) ►

6555.55

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ultraviolet PAC	FEC IDENTIFICATION NUMBER ▼ C C00629477
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Revolution Messaging, LLC *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2018	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount 750.00		
City Washington	State DC	Zip Code 20036	Transaction ID : VTD6EA9SHE3		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Jordan, James, D., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 04 State: OH
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Revolution Messaging, LLC *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2018	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount 750.00		
City Washington	State DC	Zip Code 20036	Transaction ID : VTD6EA9SGD4		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Taylor, Scott, W., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 02 State: VA
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ultraviolet PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00629477 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 08 / 30 / 2018 </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 555.55 </div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 	Transaction ID : VTD6EA9SHQ4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: <input type="checkbox"/> Support McSally, Martha, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 555.55			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 08 / 10 / 2018 </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 750.00 </div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 	Transaction ID : VTD6EA9SFN5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Lewis, Jason, M., , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ultraviolet PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00629477 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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

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

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

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Transaction ID : VTD6EA9SH86 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heller, Dean, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Transaction ID : VTD6EA9SGG6 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: King, Steve, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	►	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

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

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ultraviolet PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00629477 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 08 / 10 / 2018 </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 750.00 </div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 	Transaction ID : VTD6EA9SHC7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Handel, Karen, C., , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Revolution Messaging, LLC <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 08 / 10 / 2018 </div>	
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 750.00 </div>	
City Washington	State DC	Zip Code 20036		
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 	Transaction ID : VTD6EA9SFM7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Cruz, Rafael, E., , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

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

09 / 20 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ultraviolet PAC				FEC IDENTIFICATION NUMBER ▼ C C00629477	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Revolution Messaging, LLC *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 08 / 10 / 2018
Mailing Address 1120 Connecticut Avenue, NW Suite 1100			Amount 750.00		Transaction ID : VTD6EA9SFK9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y
City Washington	State DC	Zip Code 20036	Category/ Type 		
Purpose of Expenditure Digital Advertising - Estimate			Name of Federal Candidate: Grothman, Glenn, S., ,		
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			750.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y
Mailing Address					Amount
City	State	Zip Code	Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y
Purpose of Expenditure			Name of Federal Candidate:		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought			 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(c) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Thomas, Shaunna, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y 09 / 20 / 2018