

**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

Big Sky Values

ADDRESS (number and street)

P.O. Box 1330

Check if different  
than previously  
reported. (ACC)

Helena

MT

59624

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00741611

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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

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  
11 26 2024

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2024

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

Type or Print Name of Treasurer

Petterson, Jay, , ,

Signature of Treasurer

Petterson, Jay, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
01 28 2025

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

Big Sky ValuesReport Covering the Period: From:  /  /  To:  /  / 

|                                                                                                                  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date       |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2024"/>                                              |                                        | <input type="text" value="1084302.04"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <input type="text" value="707913.77"/> |                                         |
| (c) Total Receipts (from Line 19) .....                                                                          | <input type="text" value="752.50"/>    | <input type="text" value="56984.38"/>   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="708666.27"/> | <input type="text" value="1141286.42"/> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <input type="text" value="518.14"/>    | <input type="text" value="433138.29"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <input type="text" value="708148.13"/> | <input type="text" value="708148.13"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |                                         |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

## Big Sky Values

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
11 26 2024

To:

M M / D D / Y Y Y Y Y  
12 31 2024

## I. Receipts

COLUMN A  
Total This PeriodCOLUMN B  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

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

322.50

14330.00

## (ii) Unitemized .....

430.00

42604.38

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

752.50

56934.38

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

50.00

## (d) Total Contributions (add Lines

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

Totals to Line 33, page 5) .....

752.50

56984.38

## 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)) .....

752.50

56984.38

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

752.50

56984.38

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 518.14                        | 332492.36                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 518.14                        | 332492.36                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 56600.00                          |
| 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                          | 44045.93                          |
| 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)) ..      | 518.14                        | 433138.29                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 518.14                        | 433138.29                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 752.50                                | 56984.38                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 752.50                                | 56984.38                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 518.14                                | 332492.36                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 518.14                                | 332492.36                                 |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 18  
(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)

Big Sky Values

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

**A.** Hastert, Paul, , ,

Mailing Address 15 Heather Bank Pl

City  
SpringState  
TXZip Code  
77382-2063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United AirlinesOccupation (for Individual)  
Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2024

Transaction ID : 3205600

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

**B.** ActBlue

Mailing Address PO Box 441146

City

West Somerville

State  
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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2024

Transaction ID : 3205600E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Feige, Anna, May, ,Mailing Address 205 W 57Th St  
Apt 9B

City

New York

State  
NYZip Code  
10019-2105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

857.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2024

Transaction ID : 3205580

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Big Sky Values**

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

**A. 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2024**Transaction ID : 3205580E**

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Rundle, Marcia, Beebe, ,**

Mailing Address 581 Xcalibur Ct

City  
FlorenceState  
MTZip Code  
59833-6731FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HFHIOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2024**Transaction ID : 3205581**

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 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2024**Transaction ID : 3205581E**

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)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Big Sky Values

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

**A. Eichenberger, Barbara, , ,**Mailing Address 1008 Poly Dr  
Apt C1City  
BillingsState  
MTZip Code  
59102-1800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

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  
12 / 01 / 2024

Transaction ID : 3205572

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

**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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2024

Transaction ID : 3205572E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Feige, Anna, May, ,**Mailing Address 205 W 57Th St  
Apt 9B

City

New York

State

NY

Zip Code

10019-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

857.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2024

Transaction ID : 3205582

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Big Sky Values

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

**A. 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2024

Transaction ID : 3205582E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Gwatkin, Carol, , ,**

Mailing Address 15 Palmetto Way

City  
JupiterState  
FLZip Code  
33469-1924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2024

Transaction ID : 3205563

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 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2024

Transaction ID : 3205563E

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)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Big Sky Values

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

**A. Neudeck, Gretchen, , ,**

Mailing Address 6360 Glen Eagle Way

City  
MissoulaState  
MTZip Code  
59808-8631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2024

Transaction ID : 3205583

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

**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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2024

Transaction ID : 3205583E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Feige, Anna, May, ,**Mailing Address 205 W 57Th St  
Apt 9BCity  
New YorkState  
NYZip Code  
10019-2105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

857.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2024

Transaction ID : 3205575

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Big Sky Values**

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

**A. 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2024**Transaction ID : 3205575E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Hastert, Paul, , ,**

Mailing Address 15 Heather Bank Pl

City  
SpringState  
TXZip Code  
77382-2063FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
United AirlinesOccupation (for Individual)  
Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2024**Transaction ID : 3205566E**

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 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2024**Transaction ID : 3205566E**

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)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Big Sky Values

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

**A.** Gwatkin, Carol, , ,

Mailing Address 15 Palmetto Way

City  
JupiterState  
FLZip Code  
33469-1924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2024

Transaction ID : 3205596

Amount of Each Receipt this Period

12.50

☐ 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2024

Transaction ID : 3205596E

Amount of Each Receipt this Period

12.50

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Ballard, Rachel, , ,

Mailing Address 6619 Hillandale Rd

City

Chevy Chase

State

MD

Zip Code

20815-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2024

Transaction ID : 3205588

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

37.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 18  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Big Sky Values**

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

**A. 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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2024

Transaction ID : 3205588E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Hart, Carroll, Guen, ,**

Mailing Address 25 Telegram Mews Suite 4207

City  
Toronto ON M5V 3Z1 CanadaState  
ZZZip Code  
00000FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2024

Transaction ID : 3205559

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 ▼

752.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2024

Transaction ID : 3205559E

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

75.00

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

322.50

**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 18

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Big Sky Values

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016380

Amount of Each Disbursement this Period

1.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 275 7Th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016382

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 275 7Th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016383

Amount of Each Disbursement this Period

181.20

☐ Memo Item

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

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

194.69

**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 18

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Big Sky Values

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | / | 3 | 0 | / | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016374

Amount of Each Disbursement this Period

12.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 275 7Th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | / | 3 | 0 | / | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016384

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | / | 0 | 1 | / | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : 500016375

Amount of Each Disbursement this Period

1.63

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

26.20

**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 16 OF 18

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Big Sky Values

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7Th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank Fee

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:

Date of Disbursement

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M    | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1    | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 2024 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : 500016385

Amount of Each Disbursement this Period

145.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M    | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1    | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 2024 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : 500016376

Amount of Each Disbursement this Period

1.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043-1140

Purpose of Disbursement

Software

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:

Date of Disbursement

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M    | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1    | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 2024 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : 500016386

Amount of Each Disbursement this Period

68.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

215.74

**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 17 OF 18

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Big Sky Values

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : 500016377

Amount of Each Disbursement this Period

0.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043-1140

Purpose of Disbursement

Software

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : 500016387

Amount of Each Disbursement this Period

68.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : 500016378

Amount of Each Disbursement this Period

5.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.30

**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 18 OF 18

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Big Sky Values

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fee

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

|    |   |   |   |    |   |   |    |    |   |   |   |   |
|----|---|---|---|----|---|---|----|----|---|---|---|---|
| M  | M | M | / | D  | D | / | Y  | Y  | Y | Y | Y | Y |
| 1  | 2 | 3 |   | 4  | 5 |   | 6  | 7  | 8 | 9 | 0 |   |
| 12 |   |   |   | 29 |   |   | 20 | 24 |   |   |   |   |

FEC Identification Number

C

Transaction ID : 500016379

Amount of Each Disbursement this Period

6.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | 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: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | 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).....▶

6.21

518.14