

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

AMANDA MAKKI FOR CONGRESS

ADDRESS (number and street)

PO BOX 47483

Check if different than previously reported. (ACC)

ST PETERSBURG

FL

33743

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00708263

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

13

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2020

through

M M /

D D /

Y Y Y Y 2020

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

CRATE, BRADLEY, T, ,

Type or Print Name of Treasurer

CRATE, BRADLEY, T, ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2021

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
AMANDA MAKKI FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	101781.21	1305375.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101781.21	1305350.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	357779.52	1080240.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	70.00	3569.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	357709.52	1076671.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	228679.19	
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).....	35248.88	

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 3 (Revised 05/2016)

Write or Type Committee Name

AMANDA MAKKI FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55463.72	975311.39
(ii) Unitemized	41817.49	182214.29
(iii) TOTAL of contributions from individuals	97281.21	1157525.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	147850.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	101781.21	1305375.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	70.00	3569.45
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	101851.21	1308945.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	357779.52	1080240.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	25.00
(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 20(a), (b), and (c)).....	0.00	25.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	357779.52	1080265.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	484607.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	101851.21
25. SUBTOTAL (add Line 23 and Line 24).....	586458.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	357779.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	228679.19

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

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

FOR LINE NUMBER: PAGE 5 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AARON, STEPHEN, , ,

Mailing Address 3100 CHEVERLY AVENUE

City CHEVERLY State MD Zip Code 20785

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

Name of Employer MERCURY Occupation CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020

Transaction ID : SA11A1.14472

Amount of Each Receipt this Period
 500.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14415]

B. Full Name (Last, First, Middle Initial)
ADELSON, MIRIAM, , ,

Mailing Address 410 S RAMPART BLVD
SUITE 440

City LAS VEGAS State NV Zip Code 89145

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

Name of Employer ADELSON DRUG CLINIC Occupation PHYSICIAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14496

Amount of Each Receipt this Period
 5600.00

Memo Item
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
ADELSON, MIRIAM, , ,

Mailing Address 410 S RAMPART BLVD
SUITE 440

City LAS VEGAS State NV Zip Code 89145

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

Name of Employer ADELSON DRUG CLINIC Occupation PHYSICIAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14497

Amount of Each Receipt this Period
 - 2800.00

Memo Item
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... ▶ 6100.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADELSON, MIRIAM, , ,
 Mailing Address 410 S RAMPART BLVD
 SUITE 440
 City LAS VEGAS State NV Zip Code 89145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ADELSON DRUG CLINIC Occupation PHYSICIAN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020
Transaction ID : SA11AI.14498
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
ADELSON, SHELDON, G, ,
 Mailing Address 410 S RAMPART BLVD
 SUITE 440
 City LAS VEGAS State NV Zip Code 89145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAS VEGAS SANDS CORPORATION Occupation CHAIRMAN AND CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020
Transaction ID : SA11AI.14493
 Amount of Each Receipt this Period
 5600.00
 Memo Item
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
ADELSON, SHELDON, G, ,
 Mailing Address 410 S RAMPART BLVD
 SUITE 440
 City LAS VEGAS State NV Zip Code 89145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAS VEGAS SANDS CORPORATION Occupation CHAIRMAN AND CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020
Transaction ID : SA11AI.14494
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION TO GENERAL

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

5600.00
 - 2800.00

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

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

FOR LINE NUMBER: PAGE 7 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADELSON, SHELDON, G, ,

Mailing Address 410 S RAMPART BLVD
SUITE 440

City LAS VEGAS State NV Zip Code 89145

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

Name of Employer LAS VEGAS SANDS CORPORATION Occupation CHAIRMAN AND CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14495

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
AGGARWAL, NITIN, , ,

Mailing Address 3 INDIAN RIVER AVENUE
801

City TITUSVILLE State FL Zip Code 32796

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

Name of Employer HOPKINS PHARMACY Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020

Transaction ID : SA11A1.14500

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

C. Full Name (Last, First, Middle Initial)
AKERS, LES, , ,

Mailing Address 3899 W MILLERS BRIDGE CIRCLE

City TALLAHASSEE State FL Zip Code 32312

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

Name of Employer TALLAHASSEE TOYOTA Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020

Transaction ID : SA11A1.14506

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALEMBIK, STEVEN, , ,

Mailing Address 1381 SOUTHWEST 16TH STREET

City BOCA RATON State FL Zip Code 33486

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

Name of Employer SMA COMMUNICATIONS Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14516

Amount of Each Receipt this Period
 1000.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14395]:
 SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
ALEMBIK, STEVEN, , ,

Mailing Address 1381 SOUTHWEST 16TH STREET

City BOCA RATON State FL Zip Code 33486

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

Name of Employer SMA COMMUNICATIONS Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14517

Amount of Each Receipt this Period
 - 200.00

Memo Item
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
ALEMBIK, STEVEN, , ,

Mailing Address 1381 SOUTHWEST 16TH STREET

City BOCA RATON State FL Zip Code 33486

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

Name of Employer SMA COMMUNICATIONS Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.14518

Amount of Each Receipt this Period
 200.00

Memo Item
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMEN, BRIAN, J, ,

Mailing Address 25638 ELK LICK ROAD

City CHANTILLY State VA Zip Code 20152

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

Name of Employer RENEGADE TECHNOLOGY LLC Occupation ANALYST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2020

Transaction ID : SA11A1.14533

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

B. Full Name (Last, First, Middle Initial)
BARDES, MERRILYN, , ,

Mailing Address 126 CASA BENDITA

City PALM BEACH State FL Zip Code 33480

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2020

Transaction ID : SA11A1.14602

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

C. Full Name (Last, First, Middle Initial)
BEGGINS, JEFF, , ,

Mailing Address 429 BOCA CIEGA DE

City MADEIRA BEACH State FL Zip Code 33708

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020

Transaction ID : SA11A1.14627

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BEGGINS, JEFF, , ,

Mailing Address 429 BOCA CIEGA DE

City MADEIRA BEACH State FL Zip Code 33708

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2020

Transaction ID : SA11A1.17854

Amount of Each Receipt this Period
 400.00

Memo Item
 IN-KIND: ADVERTISING SERVICES

B. Full Name (Last, First, Middle Initial)
BERG, DEBORAH, , ,

Mailing Address 4028 CALLE ISABELLA

City SAN CLEMENTE State CA Zip Code 92672

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2020

Transaction ID : SA11A1.14645

Amount of Each Receipt this Period
 900.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14394]

C. Full Name (Last, First, Middle Initial)
BETHUNE, XAVIER, , ,

Mailing Address 23893 WILD FOREST DRIVE

City NEW CANEY State TX Zip Code 77357

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

Name of Employer ASTN GROUP Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020

Transaction ID : SA11A1.14659

Amount of Each Receipt this Period
 500.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14431]

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 11 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BILL, SCOTT, , ,

Mailing Address 356 15TH AVENUE NORTHEAST

City ST. PETERSBURG	State FL	Zip Code 33704
------------------------	-------------	-------------------

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

Name of Employer BRIAN BILL FOUNDATION	Occupation NON PROFIT
---	--------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 04 / 2020

Transaction ID : SA11A1.14668

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14398]

B. Full Name (Last, First, Middle Initial)
BOYETT, RYAN, E, ,

Mailing Address 3686 MOSSY CREEK LANE

City TALLAHASSEE	State FL	Zip Code 32311
---------------------	-------------	-------------------

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

Name of Employer B & T FENCING INC.	Occupation OWNER
--	---------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11A1.14723

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRANDON, DAVID, , ,

Mailing Address PO BOX 603

City OZONA	State FL	Zip Code 34660
---------------	-------------	-------------------

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

Name of Employer BRANDON CONSTRUCTION	Occupation PRESIDENT
--	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11A1.14732

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14429]

SUBTOTAL of Receipts This Page (optional)..... ▶	3500.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 112
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROAD, GARY, R, ,

Mailing Address 277 NORTH BARFIELD DRIVE

City MARCO ISLAND	State FL	Zip Code 34145
----------------------	-------------	-------------------

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

Name of Employer MIDWEST STEEL	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2020

Transaction ID : SA11A1.14750

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

B. Full Name (Last, First, Middle Initial)
BUSCH, ED, , ,

Mailing Address 8413 MERRIMOOR BLVD

City SEMINOLE	State FL	Zip Code 33777
------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation DENTIST
-----------------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.14813

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

C. Full Name (Last, First, Middle Initial)
CARLSON, ROY, , ,

Mailing Address 8452 LOWER SCARBOROUGH CT

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 08 / 2020

Transaction ID : SA11A1.14881

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶	850.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 112							
<input checked="" type="checkbox"/>	11a 12	<input type="checkbox"/>	11b 13a	<input type="checkbox"/>	11c 13b	<input type="checkbox"/>	11d 14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARTER, JACK, , ,

Mailing Address 9494 SILVERTHORN ROAD

City SEMINOLE	State FL	Zip Code 33777
------------------	-------------	-------------------

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

Name of Employer SKIN WELLNESS CENTER	Occupation OFFICE MANAGER
--	------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 300.00

Date of Receipt
 / /

Transaction ID : SA11A1.14902

Amount of Each Receipt this Period
 , , , 50.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

B. Full Name (Last, First, Middle Initial)
CLARKE, JOHN, M, ,

Mailing Address 8498 TALLAHASSEE DRIVE NE

City ST. PETERSBURG	State FL	Zip Code 33705
------------------------	-------------	-------------------

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

Name of Employer HCA	Occupation PHYSICIAN
-------------------------	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 1950.00

Date of Receipt
 / /

Transaction ID : SA11A1.14975

Amount of Each Receipt this Period
 , , , 25.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14414]

C. Full Name (Last, First, Middle Initial)
COLLINS, HENRY, L, , III

Mailing Address P.O. BOX 237

City VERBANK	State NY	Zip Code 12585
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 1650.00

Date of Receipt
 / /

Transaction ID : SA11A1.14999

Amount of Each Receipt this Period
 , , , 75.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

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

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

<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 150.00
<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 112
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COLLINS, HENRY, L, , III

Mailing Address P.O. BOX 237

City VERBANK State NY Zip Code 12585

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020

Transaction ID : SA11A1.15001

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14432]

B. Full Name (Last, First, Middle Initial)
COLLINS, HENRY, L, , III

Mailing Address P.O. BOX 237

City VERBANK State NY Zip Code 12585

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2020

Transaction ID : SA11A1.15000

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14439]
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
CRANNELL, DAVID, , ,

Mailing Address 5800 SR 80 WEST
LOT 82

City LABELLE State FL Zip Code 33935

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2020

Transaction ID : SA11A1.15041

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
D'ORSIE, FRANK, J, MR.,
Mailing Address 36 W BROADWAY

City RED LION State PA Zip Code 17356-2102

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
613.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020

Transaction ID : SA11A1.15174

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DALE, MICHAEL, , ,
Mailing Address 843 ECHO DR

City LOS ALTOS State CA Zip Code 94024

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

Name of Employer ABBOTT Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020

Transaction ID : SA11A1.15079

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14393]

C. Full Name (Last, First, Middle Initial)
DAUENHAUER, DENNIS, , ,
Mailing Address 18883 SUTHERLAND CT

City BEND State OR Zip Code 97702

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2020

Transaction ID : SA11A1.15101

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14398]

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVIS, CINDY, , ,

Mailing Address 1060 QUARTZ COURT

City SAN MARCOS State CA Zip Code 92078

FEC ID number of contributing federal political committee. C

Name of Employer OWNER Occupation REAL ESTATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2020

Transaction ID : SA11A1.15113

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

B. Full Name (Last, First, Middle Initial)
DEEB, ZIAD, E, ,

Mailing Address 13 TRAVILAH TER

City POTOMAC State MD Zip Code 20854-1042

FEC ID number of contributing federal political committee. C

Name of Employer MEDSTAR WASHINGTON HOSPITAL CENTE Occupation DOCTOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11A1.15127

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DUMONT, RICHARD, , ,

Mailing Address 719 PINELLAS BAYWAY S.
APT. 105

City SAINT PETERSBURG State FL Zip Code 33715

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2020

Transaction ID : SA11A1.15205

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14393]

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUNCAN, ANN, , ,

Mailing Address 3000 BAYPORT DR
STE 485

City TAMPA State FL Zip Code 33607

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

Name of Employer SAVILLIS Occupation CORPORATE REAL ESTATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 05 2020

Transaction ID : SA11A1.15211

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14398]

B. Full Name (Last, First, Middle Initial)
ELAYDA, LAURIE, , ,

Mailing Address 1905 W. 15TH ST.

City SANTA ANA State CA Zip Code 92706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 18 2020

Transaction ID : SA11A1.15237

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

C. Full Name (Last, First, Middle Initial)
EVENSON, JOSEPH, , ,

Mailing Address 14222 WUNDERLICH DRIVE

City HOUSTON State TX Zip Code 77069

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

Name of Employer ALIGHT Occupation BENEFITS ADMINISTRATOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
414.29

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 31 2020

Transaction ID : SA11A1.15280

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GASTON, GEORGE, R, ,

Mailing Address 803 CAMELLIA DR

City LARGO State FL Zip Code 33770

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 30 2020

Transaction ID : SA11A1.15430

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14393]

B. Full Name (Last, First, Middle Initial)
GASTON, GEORGE, R, ,

Mailing Address 803 CAMELLIA DR

City LARGO State FL Zip Code 33770

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
415.94

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 01 2020

Transaction ID : SA11A1.15429

Amount of Each Receipt this Period
15.94

Memo Item

C. Full Name (Last, First, Middle Initial)
GASTON, GEORGE, R, ,

Mailing Address 803 CAMELLIA DR

City LARGO State FL Zip Code 33770

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
465.94

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 01 2020

Transaction ID : SA11A1.15431

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.94

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 19 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEMUNDER, DAVID, , ,

Mailing Address 929 GUI SANDO DE AVILA

City TAMPA	State FL	Zip Code 33613
---------------	-------------	-------------------

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

Name of Employer SHUTTLE & BOWEN LLP	Occupation ATTORNEY
---	------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2020

Transaction ID : SA11A1.15439

Amount of Each Receipt this Period
1400.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14415]

B. Full Name (Last, First, Middle Initial)
GILLEY, JESSICA, , ,

Mailing Address 4725 COVE CIRCLE

City ST. PETERSBURG	State FL	Zip Code 33708
------------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2020

Transaction ID : SA11A1.15459

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

C. Full Name (Last, First, Middle Initial)
GRAYSON, THOMAS, , ,

Mailing Address 5532 RED BLUFF DRIVE

City LAS VEGAS	State NV	Zip Code 89130
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.15528

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREIGER, MICHAEL, B, ,

Mailing Address 413 HERMOSITA DRIVE

City ST. PETERSBURG State FL Zip Code 33706

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

Name of Employer DELTA AIRLINES Occupation PILOT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 31 2020

Transaction ID : SA11A1.15539

Amount of Each Receipt this Period
800.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14393]

B. Full Name (Last, First, Middle Initial)
HARRISON, SHARON, , ,

Mailing Address POBOX 4144

City VENTURA State CA Zip Code 93007

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 17 2020

Transaction ID : SA11A1.15628

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

C. Full Name (Last, First, Middle Initial)
HARTMAN, BARRY, M, ,

Mailing Address 1601 K STREET NW

City WASHINGTON State DC Zip Code 20006

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

Name of Employer K&L GATES Occupation ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2020

Transaction ID : SA11A1.15636

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14432]

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARTWELL, ROBERT, V, ,
 Mailing Address 1219 3RD STREET DRIVE EAST
 City PALMETTO State FL Zip Code 34221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARTWELL CAPITOL CONSULTING Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2020
Transaction ID : SA11A1.15637
 Amount of Each Receipt this Period
 300.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14415]

B. Full Name (Last, First, Middle Initial)
HEARST, SUSAN, , ,
 Mailing Address 4650 OLD MILLSAP RD
 City MILLSAP State TX Zip Code 76066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2020
Transaction ID : SA11A1.15652
 Amount of Each Receipt this Period
 200.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14399]

C. Full Name (Last, First, Middle Initial)
HERBERT, MARSHALL, LINTON, ,
 Mailing Address 216 HARBOR VIEW LN
 City LARGO State FL Zip Code 33770-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation MD
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020
Transaction ID : SA11A1.15675
 Amount of Each Receipt this Period
 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HIGGINS, JENNIFER, , ,
 Mailing Address 880 P STREET NW #415
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. C
 Name of Employer CHAMBER HILL STRATEGIES Occupation PARTNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 30 2020
Transaction ID : SA11A1.15692
 Amount of Each Receipt this Period
 500.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.11403]

B. Full Name (Last, First, Middle Initial)
HUDSON, ROBERT, A, ,
 Mailing Address 9655 DEER VALLEY DRIVE
 City TALLAHASSEE State FL Zip Code 32312-4246
 FEC ID number of contributing federal political committee. C
 Name of Employer CAPITAL CITY AUTO GROUP Occupation VICE PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 14 2020
Transaction ID : SA11A1.15783
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
JEFF, KRESNAK, , ,
 Mailing Address 8761 108TH SE
 City MIDDLEVILLE State MI Zip Code 49333
 FEC ID number of contributing federal political committee. C
 Name of Employer SUPERIOR ASPHALT Occupation CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 07 2020
Transaction ID : SA11A1.15828
 Amount of Each Receipt this Period
 250.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KELSEY, BRENDA, , ,

Mailing Address 464 SABAL PALM LN

City: VERO BEACH State: FL Zip Code: 32963

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020

Transaction ID : SA11A1.15910

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

B. Full Name (Last, First, Middle Initial)
KITTLE, LORI, , ,

Mailing Address 2108 ELMEN ST

City: HOUSTON State: TX Zip Code: 77019

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

Name of Employer: LANDRYS INC Occupation: SVP OF LOYALTY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2020

Transaction ID : SA11A1.15938

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14407]

C. Full Name (Last, First, Middle Initial)
KITTLE, LORI, , ,

Mailing Address 2108 ELMEN ST

City: HOUSTON State: TX Zip Code: 77019

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

Name of Employer: LANDRYS INC Occupation: SVP OF LOYALTY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2020

Transaction ID : SA11A1.15939

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14429]

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 300.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KLEIN, MICHAEL, , ,

Mailing Address 5220 KLESS MILL ROAD

City SYKESVILLE State MD Zip Code 21784

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

Name of Employer CHARLES A. KLEIN SONS INC. Occupation MECHANICAL CONT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2020

Transaction ID : SA11A1.15940

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14430]

B. Full Name (Last, First, Middle Initial)
KOERSELMAN, BERNARD, , ,

Mailing Address 18737 N CELOSIA LN

City SURPRISE State AZ Zip Code 85387

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2020

Transaction ID : SA11A1.15960

Amount of Each Receipt this Period
 _____ 25.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14444]
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
KRISHNAMURTI, VASILI, , ,

Mailing Address 1060 PARK AVENUE
 APT 12 G

City NEW YORK State NY Zip Code 10128

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

Name of Employer PENN INTERMODAL Occupation BUSINESS OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020

Transaction ID : SA11A1.15979

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 775.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 25 OF 112	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KYKER, JEFF, T, ,

Mailing Address 10132 YACHT CLUB DR

City TREASURE ISLAND	State FL	Zip Code 33706-3127
-------------------------	-------------	------------------------

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

Name of Employer SYNCSITE	Occupation PRESIDENT
------------------------------	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11A1.15995

Amount of Each Receipt this Period
 , , 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LANG, STEVEN, , ,

Mailing Address 4011 CALLE LOUISA

City SAN CLEMENTE	State CA	Zip Code 92672
----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2020

Transaction ID : SA11A1.16032

Amount of Each Receipt this Period
 , , 250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14407]

C. Full Name (Last, First, Middle Initial)
LAUTER, ROBERT, , ,

Mailing Address 757 BINNACLE DR

City NAPLES	State FL	Zip Code 34103
----------------	-------------	-------------------

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

Name of Employer MASTER SPAS	Occupation CEO
---------------------------------	-------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2020

Transaction ID : SA11A1.16041

Amount of Each Receipt this Period
 , , 250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 750.00
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 26 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LLOYD, CINDY, , ,
Mailing Address 15885 ROUTE 6

City SMETHPORT State PA Zip Code 16749

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020

Transaction ID : SA11A1.16124

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

B. Full Name (Last, First, Middle Initial)
LODER, MATTHEW, R, ,
Mailing Address 7755 133RD STREET

City SEMINOLE State FL Zip Code 33776

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

Name of Employer CRABBY BILLS Occupation MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2020

Transaction ID : SA11A1.16125

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

C. Full Name (Last, First, Middle Initial)
LUTTON, CHIP, , ,
Mailing Address 49 LOWERY DRIVE

City ATHERTON State CA Zip Code 94027

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

Name of Employer GOOGLE Occupation ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020

Transaction ID : SA11A1.16150

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 27 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MACKINNON, JEFF, , ,

Mailing Address 3753 OLIVER STREET NORTHWEST

City WASHINGTON	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer FARRAGUT PARTNES	Occupation LOBBYIST
--------------------------------------	------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.16169

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

B. Full Name (Last, First, Middle Initial)
MAHLBURG, WILLIAM, , ,

Mailing Address 2050 LARKWOOD CT

City THE VILLAGES	State FL	Zip Code 32162
----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
237.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.16178

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

C. Full Name (Last, First, Middle Initial)
MARKS, KEN, , ,

Mailing Address PO BOX 2236

City CLEARWATER	State FL	Zip Code 33757
--------------------	-------------	-------------------

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

Name of Employer CAP AUTO GROUP	Occupation AUTO DEALER
------------------------------------	---------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11A1.16200

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 28 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARKS, TERRI, A, ,
Mailing Address PO BOX 2336

City: CLEAARWATER State: FL Zip Code: 33757

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt: 08 / 14 / 2020
Transaction ID : SA11A1.16201

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MCCLARAN, DANIEL, , ,
Mailing Address 400 E DARBY RD

City: TAYLORS State: SC Zip Code: 29687

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 08 / 17 / 2020
Transaction ID : SA11A1.16273

Amount of Each Receipt this Period: 250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

C. Full Name (Last, First, Middle Initial)
MCINTOSH, JAMES, , ,
Mailing Address 122 N VALE ST

City: JEFFERSON State: TX Zip Code: 75657

FEC ID number of contributing federal political committee: C

Name of Employer: BASEENGAGER Occupation: CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 08 / 11 / 2020
Transaction ID : SA11A1.16312

Amount of Each Receipt this Period: 250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 29 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCKENNEY, JOHN, , ,

Mailing Address 15000 GULF BLVD
APT 508

City MADEIRA BEACH	State FL	Zip Code 33708
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2020

Transaction ID : SA11A1.16313

Amount of Each Receipt this Period
10.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

B. Full Name (Last, First, Middle Initial)
MCKENNEY, JOHN, , ,

Mailing Address 15000 GULF BLVD
APT 508

City MADEIRA BEACH	State FL	Zip Code 33708
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2020

Transaction ID : SA11A1.16315

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

C. Full Name (Last, First, Middle Initial)
MCKENNEY, JOHN, , ,

Mailing Address 15000 GULF BLVD
APT 508

City MADEIRA BEACH	State FL	Zip Code 33708
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
295.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2020

Transaction ID : SA11A1.16317

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14394]

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

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

55.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 30 OF 112	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCKENNEY, JOHN, , ,

Mailing Address 15000 GULF BLVD
APT 508

City MADEIRA BEACH	State FL	Zip Code 33708
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
310.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 06 / 2020

Transaction ID : SA11A1.16314

Amount of Each Receipt this Period
15.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14399]

B. Full Name (Last, First, Middle Initial)
MCKENNEY, JOHN, , ,

Mailing Address 15000 GULF BLVD
APT 508

City MADEIRA BEACH	State FL	Zip Code 33708
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2020

Transaction ID : SA11A1.16316

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14445]
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MENDIOLA, RUBEN, A, , JR

Mailing Address PO BOX 566300

City MIAMI	State FL	Zip Code 33256
---------------	-------------	-------------------

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

Name of Employer DEALERNFA INC	Occupation PRESIDENT
-----------------------------------	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 08 / 2020

Transaction ID : SA11A1.16357

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MENDIOLA, RUBEN, A, , JR

Mailing Address PO BOX 566300

City MIAMI State FL Zip Code 33256

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

Name of Employer DEALERNFA INC Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **277.78**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2020

Transaction ID : SA11A1.16356

Amount of Each Receipt this Period
 277.78

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14444]
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MILLER, JEFFREY, LEE, ,

Mailing Address PO BOX 625

City BUDA State TX Zip Code 78610

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

Name of Employer MILLER STRATEGIES Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2020

Transaction ID : SA11A1.16402

Amount of Each Receipt this Period
 1500.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.11403]

C. Full Name (Last, First, Middle Initial)
MIRSKY, CYNTHIA, , ,

Mailing Address 25331 DERBYHILL DRIVE

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer PACIFIC RIM CAPITAL INC. Occupation DIRECTOR SPECIAL PROJECTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2020

Transaction ID : SA11A1.16414

Amount of Each Receipt this Period
 250.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14430]

SUBTOTAL of Receipts This Page (optional)..... ► **1777.78**

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

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

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

FOR LINE NUMBER: PAGE 32 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MOORE, LAMONT, , ,

Mailing Address 1827 WEST GOWAN ROAD.
APARTMENT #1010

City NORTH LAS VEGAS State NV Zip Code 89032

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

Name of Employer CCSD Occupation CUSTODIAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2020

Transaction ID : SA11A1.16447

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED: DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MOREY, JERRY, , ,

Mailing Address 1126 FAIRWAY DRIVE

City WEIDMAN State MI Zip Code 48893

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020

Transaction ID : SA11A1.16456

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

C. Full Name (Last, First, Middle Initial)
MOSS, BOB, , ,

Mailing Address 2101 N. ANDREWS AV

City FT. LAUDERDALE State FL Zip Code 33311

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

Name of Employer MOSS AND ASSOC. Occupation CONSTRUCTION

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2020

Transaction ID : SA11A1.16473

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14415]

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MURRAY, JAMES, C, , II

Mailing Address 1847 UPLAND PLACE

City THE VILLAGES State FL Zip Code 32162

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11A1.16503

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OBRIEN, JOHN, , ,

Mailing Address 750 N TAMIAMI TRAIL #1507

City SARASOTA State FL Zip Code 34236

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

Name of Employer US DEPARTMENT OF HEALTH AND HUMAN S Occupation SENIOR ADVISOR TO THE SECRETARY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2020

Transaction ID : SA11A1.16575

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

C. Full Name (Last, First, Middle Initial)
PARKER, MAUDINE, , ,

Mailing Address 404 WESTWOOD CIRCLE WEST

City WEST PALM BEACH State FL Zip Code 33411

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11A1.16663

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

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

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

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

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

FOR LINE NUMBER: PAGE 34 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETRILL, KIRK, , ,
Mailing Address 4300 48TH AVE S

City SAINT PETERSBURG State FL Zip Code 33711

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

Name of Employer PCM Occupation COMMERCIAL CONSTRUCTION MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 546.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 18 2020

Transaction ID : SA11A1.16714

Amount of Each Receipt this Period
 , , 25.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14431]

B. Full Name (Last, First, Middle Initial)
RAWLINGS, SARA, , ,
Mailing Address 2618 30TH STREET NORTHWEST

City WASHINGTON State DC Zip Code 20008

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

Name of Employer SL STRATEGIES Occupation CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 18 2020

Transaction ID : SA11A1.16812

Amount of Each Receipt this Period
 , , 1000.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14431]

C. Full Name (Last, First, Middle Initial)
REID, WILLIAM, , ,
Mailing Address 445 MADISON STREET

City DENVER State CO Zip Code 80206

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 15 2020

Transaction ID : SA11A1.16836

Amount of Each Receipt this Period
 , , 250.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14430]

SUBTOTAL of Receipts This Page (optional)..... ▶ **1275.00**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHMOND, JOEL, , ,

Mailing Address 63 VALLEY VIEW RD

City CLAYSVILLE	State PA	Zip Code 15323
--------------------	-------------	-------------------

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

Name of Employer OTIS EASTERN SERVICE	Occupation PROJECT MANAGER
--	-------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
244.16

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2020

Transaction ID : SA11A1.16872

Amount of Each Receipt this Period
10.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14399]

B. Full Name (Last, First, Middle Initial)
RICHMOND, JOEL, , ,

Mailing Address 63 VALLEY VIEW RD

City CLAYSVILLE	State PA	Zip Code 15323
--------------------	-------------	-------------------

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

Name of Employer OTIS EASTERN SERVICE	Occupation PROJECT MANAGER
--	-------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
259.16

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.16874

Amount of Each Receipt this Period
15.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

C. Full Name (Last, First, Middle Initial)
RICHMOND, JOEL, , ,

Mailing Address 63 VALLEY VIEW RD

City CLAYSVILLE	State PA	Zip Code 15323
--------------------	-------------	-------------------

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

Name of Employer OTIS EASTERN SERVICE	Occupation PROJECT MANAGER
--	-------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
269.16

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.16873

Amount of Each Receipt this Period
10.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

SUBTOTAL of Receipts This Page (optional)..... ▶	35.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RINKER, LEIGHAN, , ,

Mailing Address PO BOX 3485

City WEST PALM BEACH State FL Zip Code 33402

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 312.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2020

Transaction ID : SA11A1.16886

Amount of Each Receipt this Period
 , , , 25.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14395]

B. Full Name (Last, First, Middle Initial)
RIVARD, ROGER, A, ,

Mailing Address 19616 GULF BLVD
UNIT 202

City INDIAN SHORES State FL Zip Code 33785

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

Name of Employer RIVARD BUIC GMC Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020

Transaction ID : SA11A1.16898

Amount of Each Receipt this Period
 , , , 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RUSSELL, BYRON, , ,

Mailing Address 1 CHENEY WAY

City RIVIERA BEACH State FL Zip Code 33404

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

Name of Employer CHENEY BROTHERS IN Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , , 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020

Transaction ID : SA11A1.16974

Amount of Each Receipt this Period
 , , , 1000.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14408]

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

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

, , , 1275.00

, , ,

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 37 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCHERLIS, BEN, , ,

Mailing Address 7821 1ST AVENUE SOUTH

City ST. PETERSBURG	State FL	Zip Code 33707
------------------------	-------------	-------------------

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

Name of Employer DEAD BOBS	Occupation OWNER
-------------------------------	---------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2020

Transaction ID : SA11A1.17032

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14428]

B. Full Name (Last, First, Middle Initial)
SCHOFIELD, DALE, , ,

Mailing Address 2602 SOUTHWEST WINDY WAY COURT

City BENTONVILLE	State AR	Zip Code 72713
---------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.17050

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

C. Full Name (Last, First, Middle Initial)
SCHULTZ, DUANE, , ,

Mailing Address 2805 CHANCERY LANE

City CLEARWATER	State FL	Zip Code 33759
--------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.17057

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶	1600.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SEAMAN, GLEN, , ,

Mailing Address 2400 OAK RIDGE DRIVE

City TROY State MI Zip Code 48098

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2020

Transaction ID : SA11A1.17074

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14430]

B. Full Name (Last, First, Middle Initial)
SEPAHPOUR, FARROKH, , ,

Mailing Address 45546 RUISLIP MANOR WAY

City STERLING State VA Zip Code 20166

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

Name of Employer LOUDOUN COUNTY GOVERNMENT VIRGINIA Occupation MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020

Transaction ID : SA11A1.17085

Amount of Each Receipt this Period
 _____ 150.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

C. Full Name (Last, First, Middle Initial)
SMITH, CLARK, , ,

Mailing Address 415 TOLEDO WAY NE

City ST PETERSBURG State FL Zip Code 33704

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

Name of Employer TRUIST LIFE INSURANCE SERVICES Occupation INSURANCE EXECUTIVE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2020

Transaction ID : SA11A1.17161

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14430]

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 500.00

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

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

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

FOR LINE NUMBER: (check only one)		PAGE 39 OF 112		
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SPRAGENS, JEFFREY, , ,

Mailing Address 7426 FISHER ISLAND DR

City MIAMI BEACH	State FL	Zip Code 33109
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer MINT MANAGEMENT	Occupation MANAGER
-------------------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A1.17207

Amount of Each Receipt this Period

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14444]
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
STEELBERG, RYAN, , ,

Mailing Address 32 BLUE HERON

City IRVINE	State CA	Zip Code 92603
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer VERITONE	Occupation EXEC
------------------------------	--------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A1.17220

Amount of Each Receipt this Period

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14431]

C. Full Name (Last, First, Middle Initial)
STEEVES, DEAN, , ,

Mailing Address PO BOX 45

City RANCHO SANTA FE	State CA	Zip Code 92067
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A1.17226

Amount of Each Receipt this Period

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14398]

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2150.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 40 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STONECLIFFE, GEORGE, , ,

Mailing Address 10962 NW LUCERNE CT

City: PORTLAND State: OR Zip Code: 97229

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2020

Transaction ID : SA11A1.17251

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14414]

B. Full Name (Last, First, Middle Initial)
STUMBERG, ERIC, , ,

Mailing Address 3911 AVENUE G

City: AUSTIN State: TX Zip Code: 78751

FEC ID number of contributing federal political committee: C

Name of Employer: TENGINTERNET INC Occupation: CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2020

Transaction ID : SA11A1.17270

Amount of Each Receipt this Period
2800.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14429]

C. Full Name (Last, First, Middle Initial)
SUTTON, ROBERT, , ,

Mailing Address 7217 56TH AVE N

City: ST PETERSBURG State: FL Zip Code: 33709

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.17296

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

SUBTOTAL of Receipts This Page (optional) ▶ 2925.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 41 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUTTON, ROBERT, , ,

Mailing Address 7217 56TH AVE N

City ST PETERSBURG State FL Zip Code 33709

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11A1.17297

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

B. Full Name (Last, First, Middle Initial)
THOMPSON, ANDREW, J, ,

Mailing Address 814 EAST 15TH STREET

City INDIANAPOLIS State IN Zip Code 46202

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

Name of Employer LANDMARK ADVISORS Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.17335

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

C. Full Name (Last, First, Middle Initial)
TULLOCH, WALTER, , ,

Mailing Address 2088 MOTHER GRUNDY TRUCK TRAIL

City JAMUL State CA Zip Code 91935

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

Name of Employer NV5 Occupation ENGINEER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11A1.17381

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14431]

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ULRICH, KYLE, , ,
 Mailing Address 7207 OX BOW CIRCLE
 City TALLAHASSEE State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAIA Occupation ASSOC. EXEC
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020
Transaction ID : SA11A1.17394
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14414]

B. Full Name (Last, First, Middle Initial)
URBAN, CHARLES, , ,
 Mailing Address 3670 MOSSY CREEK LANE
 City TALLAHASSEE State FL Zip Code 32311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TALLAHASSEE DODGE CHRYSLERJEEP Occupation AUTOMOTIVE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : SA11A1.17399
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
VARNES, ANDREW, , ,
 Mailing Address 713 LEVY AVE
 City CHARLOTTESVILLE State VA Zip Code 22902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVESTURE LLC Occupation CHIEF ACCOUNTING OFFICER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020
Transaction ID : SA11A1.17415
 Amount of Each Receipt this Period
 500.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14414]

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WANEK, JOYCE, , ,

Mailing Address 1205 SNELL ISLE BLVD NE

City SAINT PETERSBURG State FL Zip Code 33704-3035

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2020

Transaction ID : SA11A1.17476

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WHITE, DEE ANN, , ,

Mailing Address 19 BRADFORD STREET
APT 301

City CHARLESTON State WV Zip Code 25301

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2020

Transaction ID : SA11A1.17523

Amount of Each Receipt this Period
- 50.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14447]
CHARGEBACK

C. Full Name (Last, First, Middle Initial)
WHITE, JOEL, C, ,

Mailing Address 1707 VALLEY AVENUE

City MCLEAN State VA Zip Code 22101

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

Name of Employer HGA Occupation CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2020

Transaction ID : SA11A1.17534

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.11403]

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 44 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINKLER, DONALD, , ,

Mailing Address 2263 SNOOK DRIVE

City NAPLES	State FL	Zip Code 34102
----------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation REALTOR
-----------------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2020

Transaction ID : SA11A1.17568

Amount of Each Receipt this Period
750.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14428]

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
388227.22

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2020

Transaction ID : SA11A1.14393

Amount of Each Receipt this Period
3842.55

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
392568.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 06 / 2020

Transaction ID : SA11A1.14394

Amount of Each Receipt this Period
4341.24

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	750.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
394424.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2020

Transaction ID : SA11AI.14395

Amount of Each Receipt this Period
1855.56

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
396656.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020

Transaction ID : SA11AI.14398

Amount of Each Receipt this Period
2232.22

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
397402.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020

Transaction ID : SA11AI.14399

Amount of Each Receipt this Period
746.11

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 399763.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2020

Transaction ID : SA11AI.14407

Amount of Each Receipt this Period
 2361.10

Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 409910.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2020

Transaction ID : SA11AI.14408

Amount of Each Receipt this Period
 10147.06

Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 414535.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020

Transaction ID : SA11AI.14414

Amount of Each Receipt this Period
 4625.01

Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
417952.85

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11AI.14415

Amount of Each Receipt this Period
3417.33

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421259.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2020

Transaction ID : SA11AI.14428

Amount of Each Receipt this Period
3306.33

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
427807.41

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2020

Transaction ID : SA11AI.14429

Amount of Each Receipt this Period
6548.23

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 48 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
437679.41

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2020

Transaction ID : SA11AI.14430

Amount of Each Receipt this Period
9872.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
446337.36

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2020

Transaction ID : SA11AI.14431

Amount of Each Receipt this Period
8657.95

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
447121.86

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2020

Transaction ID : SA11AI.14432

Amount of Each Receipt this Period
784.50

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
447226.86

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 25 2020

Transaction ID : SA11AI.14433

Amount of Each Receipt this Period
105.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
447252.69

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 25 2020

Transaction ID : SA11AI.14438

Amount of Each Receipt this Period
25.83

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
447711.58

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 27 2020

Transaction ID : SA11AI.14439

Amount of Each Receipt this Period
458.89

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 448455.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 28 2020

Transaction ID : SA11AI.14440

Amount of Each Receipt this Period
743.70

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 448598.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 31 2020

Transaction ID : SA11AI.14441

Amount of Each Receipt this Period
142.93

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 448803.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 01 2020

Transaction ID : SA11AI.14442

Amount of Each Receipt this Period
205.55

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
448937.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2020

Transaction ID : SA11AI.14443

Amount of Each Receipt this Period
133.90

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
449651.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : SA11AI.14444

Amount of Each Receipt this Period
713.69

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
449701.91

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2020

Transaction ID : SA11AI.14445

Amount of Each Receipt this Period
50.56

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
449800.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 08 2020

Transaction ID : SA11AI.14446

Amount of Each Receipt this Period
98.56

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450482.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 11 2020

Transaction ID : SA11AI.14447

Amount of Each Receipt this Period
682.45

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
WINSLOW, HAROLD, , ,

Mailing Address 1217 MAGELLAN DR

City SARASOTA State FL Zip Code 34243

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
655.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 04 2020

Transaction ID : SA11AI.17574

Amount of Each Receipt this Period
200.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14395]

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINSLOW, HAROLD, , ,

Mailing Address 1217 MAGELLAN DR

City SARASOTA State FL Zip Code 34243

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
755.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2020

Transaction ID : SA11A1.17571

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14408]

B. Full Name (Last, First, Middle Initial)
WINSLOW, HAROLD, , ,

Mailing Address 1217 MAGELLAN DR

City SARASOTA State FL Zip Code 34243

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
955.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2020

Transaction ID : SA11A1.17575

Amount of Each Receipt this Period
200.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14415]

C. Full Name (Last, First, Middle Initial)
WINSLOW, HAROLD, , ,

Mailing Address 1217 MAGELLAN DR

City SARASOTA State FL Zip Code 34243

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1055.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2020

Transaction ID : SA11A1.17572

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.14430]

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINSLOW, HAROLD, , ,

Mailing Address 1217 MAGELLAN DR

City SARASOTA State FL Zip Code 34243

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1155.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2020

Transaction ID : SA11A1.17573

Amount of Each Receipt this Period
 100.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14431]

B. Full Name (Last, First, Middle Initial)
WOJTOWICZ, DONALD, J, ,

Mailing Address 1200 GULF BLVD
UNIT 601

City CLEARWATER State FL Zip Code 33767

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020

Transaction ID : SA11A1.17581

Amount of Each Receipt this Period
 25.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

C. Full Name (Last, First, Middle Initial)
WOODHOUSE, MARILYN, , ,

Mailing Address 650 RAMBLEWOOD ROAD

City HOUSTON State TX Zip Code 77079

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2020

Transaction ID : SA11A1.17596

Amount of Each Receipt this Period
 250.00

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WRIGHT, MICHAEL, , ,
 Mailing Address 1600 PINE BLUFF AVE
 City ORLANDO State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MMI DEV Occupation REAL ESTATE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020
Transaction ID : SA11A1.17609
 Amount of Each Receipt this Period
 25.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14414]

B. Full Name (Last, First, Middle Initial)
WYSOKINSKI, JOHN, F, ,
 Mailing Address 1491 GALENA
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL TRANSPORT Occupation EXECUTIVE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2020
Transaction ID : SA11A1.17612
 Amount of Each Receipt this Period
 50.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14393]

C. Full Name (Last, First, Middle Initial)
YOUNG, BEVERLY, , ,
 Mailing Address 10 CEDAR POINT DRIVE
 City SAVANNAH State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2020
Transaction ID : SA11A1.17622
 Amount of Each Receipt this Period
 150.00
 Memo Item
 EARMARKED THROUGH WINRED [SA11A1.14408]

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	55463.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 112	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00272153

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11C.14466

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00272153

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11C.17852

Amount of Each Receipt this Period
- 1700.00

Memo Item
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
AMERICAN VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00272153

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2020

Transaction ID : SA11C.17853

Amount of Each Receipt this Period
1700.00

Memo Item
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2020

Transaction ID : SA11C.14469

Amount of Each Receipt this Period
2000.00

Memo Item
REDESIGNATED AS PRIMARY DEBT RETIREMENT
ON 9/18/2020

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 112
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BASE ENGAGER

Mailing Address 122 N VALE STREET
SUITE A

City: JEFFERSON State: TX Zip Code: 75657

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2020

Transaction ID : SA14.14461

Amount of Each Receipt this Period
5.00

Memo Item
VENDOR REFUND: FUNDRAISING FEES

B. Full Name (Last, First, Middle Initial)
BASE ENGAGER

Mailing Address 122 N VALE STREET
SUITE A

City: JEFFERSON State: TX Zip Code: 75657

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3332.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2020

Transaction ID : SA14.14460

Amount of Each Receipt this Period
2.50

Memo Item
VENDOR REFUND: FUNDRAISING FEES

C. Full Name (Last, First, Middle Initial)
BASE ENGAGER

Mailing Address 122 N VALE STREET
SUITE A

City: JEFFERSON State: TX Zip Code: 75657

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2020

Transaction ID : SA14.14463

Amount of Each Receipt this Period
17.50

Memo Item
VEDNOR REFUND: FUNDRAISING FEES

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

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

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

FOR LINE NUMBER: PAGE 59 OF 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BASE ENGAGER

Mailing Address 122 N VALE STREET
SUITE A

City State Zip Code
JEFFERSON TX 75657

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3364.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 03 2020

Transaction ID : SA14.14462

Amount of Each Receipt this Period
14.00

Memo Item
VENDOR REFUND: FUNDRAISING FEES

B. Full Name (Last, First, Middle Initial)
BASE ENGAGER

Mailing Address 122 N VALE STREET
SUITE A

City State Zip Code
JEFFERSON TX 75657

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3395.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 11 2020

Transaction ID : SA14.14464

Amount of Each Receipt this Period
31.00

Memo Item
VENDOR REFUND: FUNDRAISING FEES

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	45.00
TOTAL This Period (last page this line number only)..... ▶	70.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 58.58		
Purpose of Disbursement PAYROLL SERVICES/ TAXES		Category/ Type	Transaction ID : SB17.17651		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ADP, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 908.03		
Purpose of Disbursement PAYROLL SERVICES/ TAXES		Category/ Type	Transaction ID : SB17.17652		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ADP, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 58.58		
Purpose of Disbursement PAYROLL SERVICES/ TAXES		Category/ Type	Transaction ID : SB17.17653		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1025.19
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 907.11		
Purpose of Disbursement PAYROLL SERVICES/ TAXES		Category/ Type	Transaction ID : SB17.17654		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ADP, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 58.58		
Purpose of Disbursement PAYROLL SERVICES/ TAXES		Category/ Type	Transaction ID : SB17.17655		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ALLIANCE STRATEGIES GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2020		
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331			FEC Identification Number C		
City BOYNTON BEACH	State FL	Zip Code 33437-3526	Amount of Each Disbursement this Period 1092.00		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17656		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2057.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLIANCE STRATEGIES GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331		FEC Identification Number C
City BOYNTON BEACH	State FL	Zip Code 33437-3526
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 764.80
Candidate Name		Transaction ID : SB17.17657
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ALLIANCE STRATEGIES GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2020
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331		FEC Identification Number C
City BOYNTON BEACH	State FL	Zip Code 33437-3526
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 80.00
Candidate Name		Transaction ID : SB17.17658
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ALLIANCE STRATEGIES GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2020
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331		FEC Identification Number C
City BOYNTON BEACH	State FL	Zip Code 33437-3526
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 8.00
Candidate Name		Transaction ID : SB17.17659
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	852.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLIANCE STRATEGIES GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020		
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331			FEC Identification Number C		
City BOYNTON BEACH	State FL	Zip Code 33437-3526	Amount of Each Disbursement this Period 40.00		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17660		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ALLIANCE STRATEGIES GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2020		
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331			FEC Identification Number C		
City BOYNTON BEACH	State FL	Zip Code 33437-3526	Amount of Each Disbursement this Period 8.00		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17661		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ALLIANCE STRATEGIES GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2020		
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331			FEC Identification Number C		
City BOYNTON BEACH	State FL	Zip Code 33437-3526	Amount of Each Disbursement this Period 40.00		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17662		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLIANCE STRATEGIES GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2020
Mailing Address 6615 W BOYNTON BEACH BLVD SUITE 331		FEC Identification Number C
City BOYNTON BEACH	State FL	Zip Code 33437-3526
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 8.00
Candidate Name		Transaction ID : SB17.17663
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2020
Mailing Address 1340 POYDRAS STREET SUITE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 67.20
Candidate Name		Transaction ID : SB17.17666
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 1340 POYDRAS STREET SUITE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 47.24
Candidate Name		Transaction ID : SB17.17667
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	122.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS STREET
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 18 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
4.30

Transaction ID : SB17.17668

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS STREET
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 19 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
0.70

Transaction ID : SB17.17669

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS STREET
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 21 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
2.30

Transaction ID : SB17.17670

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 7.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2020	
Mailing Address 1340 POYDRAS STREET SUITE 1770			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 0.70	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17671	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2020	
Mailing Address 1340 POYDRAS STREET SUITE 1770			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 2.60	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17672	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2020	
Mailing Address 1340 POYDRAS STREET SUITE 1770			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 0.70	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17673	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 138 CONANT ST, SECOND FLOOR		FEC Identification Number C
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 8.00
Candidate Name		Transaction ID : SB17.17674
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 881.86
Candidate Name		Transaction ID : SB17.17675
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 2750.03
Candidate Name		Transaction ID : SB17.17676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3639.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C		
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 1749.98		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17677		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2020		
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C		
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 692.50		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17678		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2020		
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C		
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 733.90		
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17679		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3176.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 684.96
Candidate Name		Transaction ID : SB17.17680
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 179.00
Candidate Name		Transaction ID : SB17.17681
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 230.00
Candidate Name		Transaction ID : SB17.17682
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1093.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 53.40	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17683	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 1106.38	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17684	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 2723.05	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17685	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3882.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 801.96	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17686	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 320.20	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17687	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 756.40	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17688	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1878.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 2691.10
Candidate Name		Transaction ID : SB17.17689
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 2527.25
Candidate Name		Transaction ID : SB17.17690
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BASE ENGAGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020
Mailing Address 122 N VALE STREET SUITE A		FEC Identification Number C
City JEFFERSON	State TX	Zip Code 75657
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 2921.15
Candidate Name		Transaction ID : SB17.17691
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	8139.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 110.02	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17692	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 0.75	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17693	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 76.50	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17694	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	187.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 5.00	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17695	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BASE ENGAGER			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2020	
Mailing Address 122 N VALE STREET SUITE A			FEC Identification Number C	
City JEFFERSON	State TX	Zip Code 75657	Amount of Each Disbursement this Period 57.50	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.17696	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BEGGINS, JEFF, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2020	
Mailing Address 429 BOCA CIEGA DE			FEC Identification Number C	
City MADEIRA BEACH	State FL	Zip Code 33708	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement IN-KIND: ADVERTISING SERVICES		Category/ Type	Transaction ID : SB17.17855	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	462.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. BOSTON MARKET

Full Name (Last, First, Middle Initial)
Mailing Address 9595 4TH STREET NORTH

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17664]

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 03 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 19.08

Transaction ID : SB17.17813

Memo Item

B. CHAIN BRIDGE BANK, N.A.

Full Name (Last, First, Middle Initial)
Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 30 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Transaction ID : SB17.17703

Memo Item

C. CHAIN BRIDGE BANK, N.A.

Full Name (Last, First, Middle Initial)
Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 31 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Transaction ID : SB17.17704

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2020	
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEES		Category/ Type	Transaction ID : SB17.17705	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CIRCLE K			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 6661 54TH AVE N			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33709	Amount of Each Disbursement this Period 54.47	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17665]		Category/ Type	Transaction ID : SB17.17789	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CODYS ORIGNAL ROADHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 2890 W BAY DR			FEC Identification Number C	
City BELLEAIR BLUFFS	State FL	Zip Code 33770	Amount of Each Disbursement this Period 33.45	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17665]		Category/ Type	Transaction ID : SB17.17787	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONSUMER CREDIT INNOVATIONS LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 9600 KOGER BLVD N SUITE 203			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33702	Amount of Each Disbursement this Period 339.72	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.17706	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. COSTCO			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 100 COBB PARKWAY			FEC Identification Number C	
City RINGGOLD	State GA	Zip Code 30736	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement TRUDEAU REIMBURSEMENT: TRAVEL FUEL [17724]		Category/ Type	Transaction ID : SB17.17824	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. COSTCO			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 8712 W LINEBAUGH AVE			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33625	Amount of Each Disbursement this Period 25.68	
Purpose of Disbursement TRUDEAU REIMBURSEMENT: TRAVEL FUEL [17724]		Category/ Type	Transaction ID : SB17.17826	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	339.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 2655 GULF TO BAY BLVD		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33759
Purpose of Disbursement TRUDEAU REIMBURSEMENT: TRAVEL FUEL [17724]		Amount of Each Disbursement this Period 21.91
Candidate Name		Transaction ID : SB17.17828
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 2655 GULF TO BAY BLVD		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33759
Purpose of Disbursement TRUDEAU REIMBURSEMENT: TRAVEL FUEL [17724]		Amount of Each Disbursement this Period 21.05
Candidate Name		Transaction ID : SB17.17829
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CROSSROADS		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 1275 66TH ST N		FEC Identification Number C
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Amount of Each Disbursement this Period 15.50
Candidate Name		Transaction ID : SB17.17815
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CROSSROADS			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 1275 66TH ST N			FEC Identification Number C		
City SAINT PETERSBURG	State FL	Zip Code 33710-9998	Amount of Each Disbursement this Period 10.45		
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Category/Type	Transaction ID : SB17.17816		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CROSSROADS			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 1275 66TH ST N			FEC Identification Number C		
City SAINT PETERSBURG	State FL	Zip Code 33710-9998	Amount of Each Disbursement this Period 19.35		
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Category/Type	Transaction ID : SB17.17817		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CROSSROADS			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 1275 66TH ST N			FEC Identification Number C		
City SAINT PETERSBURG	State FL	Zip Code 33710-9998	Amount of Each Disbursement this Period 26.35		
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Category/Type	Transaction ID : SB17.17818		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DATA TARGETING, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 6211 NW 132ND STREET			FEC Identification Number C		
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Disbursement this Period 66844.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.17707		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DATA TARGETING, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2020		
Mailing Address 6211 NW 132ND STREET			FEC Identification Number C		
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Disbursement this Period 28140.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.17708		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DATA TARGETING, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020		
Mailing Address 6211 NW 132ND STREET			FEC Identification Number C		
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Disbursement this Period 7150.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.17709		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	102134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DATA TARGETING, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020		
Mailing Address 6211 NW 132ND STREET			FEC Identification Number C		
City GAINESVILLE	State FL	Zip Code 32653			
Purpose of Disbursement FUNDRAISING CONSULTING			Transaction ID : SB17.17710		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DATA TARGETING, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020		
Mailing Address 6211 NW 132ND STREET			FEC Identification Number C		
City GAINESVILLE	State FL	Zip Code 32653			
Purpose of Disbursement FUNDRAISING CONSULTING			Transaction ID : SB17.17711		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DICKINSON WRIGHT PLLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 2600 W BIG BEAVER SUITE 300			FEC Identification Number C		
City TROY	State MI	Zip Code 48084			
Purpose of Disbursement LEGAL CONSULTING			Transaction ID : SB17.18209		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	29204.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DQ GRILL & CHILL			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 802 3RD AVE SE			FEC Identification Number C	
City PERHAM	State MN	Zip Code 56573	Amount of Each Disbursement this Period 42.05	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17665]			Transaction ID : SB17.17779	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 2755 TYRONE BLVD N			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33710-3037	Amount of Each Disbursement this Period 31.04	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]			Transaction ID : SB17.17804	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FINTECH CREDIT INNOVATIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 9600 KOGER BLVD SUITE 203			FEC Identification Number C	
City ST. PETERSBURG	State FL	Zip Code 33702	Amount of Each Disbursement this Period 53.50	
Purpose of Disbursement RENT			Transaction ID : SB17.17713	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	53.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. FLORIDA BEACH ADVERTISING

Full Name (Last, First, Middle Initial)
Mailing Address 8954 111TH STREET N.

City SEMINOLE State FL Zip Code 33772

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.17715

Memo Item

B. FP1 STRATEGIES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 3001 WASHINGTON BLVD
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 10190.00

Transaction ID : SB17.17719

Memo Item

C. FP1 STRATEGIES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 3001 WASHINGTON BLVD
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.17720

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 13040.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GULF COAST IMPRINTING			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 2050 TALL PINES DR. SUITE A			FEC Identification Number C		
City LARGO	State FL	Zip Code 33771	Amount of Each Disbursement this Period 3029.44		
Purpose of Disbursement PRINTING & DESIGN SERVICES		Category/ Type	Transaction ID : SB17.17721		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HARRIS MEDIA, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2020		
Mailing Address 6500 MANOR DRIVE			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78723	Amount of Each Disbursement this Period 25224.00		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type	Transaction ID : SB17.17722		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HOME DEPOT			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020		
Mailing Address 4040 PARK BLVD			FEC Identification Number C		
City PINELLAS PARK	State FL	Zip Code 33781	Amount of Each Disbursement this Period 258.16		
Purpose of Disbursement WATSON REIMBURSEMENT: COLLATERAL SIGNS [17700]		Category/ Type	Transaction ID : SB17.17820		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	28253.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020
Mailing Address 10689 ULMERTON ROAD		FEC Identification Number C
City LARGO	State FL	Zip Code 33711
Purpose of Disbursement WATSON REIMBURSEMENT: COLLATERAL SIGNS [17700]		Amount of Each Disbursement this Period 58.96
Candidate Name		Transaction ID : SB17.17822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. KING & GRUBE		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 1211 10TH STREET SW		FEC Identification Number C
City LARGO	State FL	Zip Code 33770
Purpose of Disbursement PRINTING & DESIGN SERVICES		Amount of Each Disbursement this Period 192.60
Candidate Name		Transaction ID : SB17.17727
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. KING & GRUBE		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020
Mailing Address 1211 10TH STREET SW		FEC Identification Number C
City LARGO	State FL	Zip Code 33770
Purpose of Disbursement PRINTING & DESIGN SERVICES		Amount of Each Disbursement this Period 192.60
Candidate Name		Transaction ID : SB17.17728
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	385.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LENNYS RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 21220 US HIGHWAY 19 N			FEC Identification Number C	
City CLEARWATER	State FL	Zip Code 33765	Amount of Each Disbursement this Period 57.72	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17665]			Transaction ID : SB17.17783	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MAKKI, AMANDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address PO BOX 47483			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33743	Amount of Each Disbursement this Period 559.51	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS IF NEEDED			Transaction ID : SB17.17664	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MAKKI, AMANDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address PO BOX 47483			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33743	Amount of Each Disbursement this Period 732.67	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS IF NEEDED			Transaction ID : SB17.17665	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1292.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MENTZER MEDIA SERVICES, INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2020
Mailing Address 210 W. PENNSYLVANIA AVE. ST 250		FEC Identification Number C
City TOWSON	State MD	Zip Code 21204
Purpose of Disbursement PLACED MEDIA	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 101054.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17729
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MENTZER MEDIA SERVICES, INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 210 W. PENNSYLVANIA AVE. ST 250		FEC Identification Number C
City TOWSON	State MD	Zip Code 21204
Purpose of Disbursement PLACED MEDIA	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 30000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17730
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MENTZER MEDIA SERVICES, INC		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2020
Mailing Address 210 W. PENNSYLVANIA AVE. ST 250		FEC Identification Number C
City TOWSON	State MD	Zip Code 21204
Purpose of Disbursement PLACED MEDIA	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17731
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	141054.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NOBLE CRUST			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 8300 4TH ST N			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33782	Amount of Each Disbursement this Period 61.90	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17664]			Transaction ID : SB17.17807	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. O BISTRO			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 6661 CENTRAL AVE			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33710	Amount of Each Disbursement this Period 13.70	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17665]			Transaction ID : SB17.17785	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. RACETRAC			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 4625 66TH ST. N			FEC Identification Number C	
City KENNETH CITY	State FL	Zip Code 03370	Amount of Each Disbursement this Period 27.01	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17665]			Transaction ID : SB17.17772	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 112		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2020		
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C		
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 1243.04		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.17732		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 5798 ROOSEVELT BLVD			FEC Identification Number C		
City CLEARWATER	State FL	Zip Code 33760	Amount of Each Disbursement this Period 42.85		
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17664]		Category/ Type	Transaction ID : SB17.17809		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. TAMPA BAY CHAMBER			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address 201 NORTH FRANKLIN STREET SUITE 201			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33602	Amount of Each Disbursement this Period 65.00		
Purpose of Disbursement TRUDEAU REIMBURSEMENT: EVENT REGISTRATION FEE [17724]		Category/ Type	Transaction ID : SB17.17831		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1243.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TAMPA BAY CHAMBER			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 201 NORTH FRANKLIN STREET SUITE 201			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33602	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement TRUDEAU REIMBURSEMENT: EVENT REGISTRATION FEE [17724]			Transaction ID : SB17.17832	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TAMPA BAY CHAMBER			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 201 NORTH FRANKLIN STREET SUITE 201			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33602	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement TRUDEAU REIMBURSEMENT: EVENT REGISTRATION FEE [17724]			Transaction ID : SB17.17833	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. THE LURE ST PETE			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 661 CENTRAL AVE N			FEC Identification Number C	
City ST PETERSBURG	State FL	Zip Code 33701	Amount of Each Disbursement this Period 34.43	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FOOD [17665]			Transaction ID : SB17.17770	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TORSTENSON, BETHANY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2020	
Mailing Address 16 PARADISE LANE #105			FEC Identification Number C	
City TREASURE ISLAND	State FL	Zip Code 33706	Amount of Each Disbursement this Period 1177.36	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.17697	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TORSTENSON, BETHANY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020	
Mailing Address 16 PARADISE LANE #105			FEC Identification Number C	
City TREASURE ISLAND	State FL	Zip Code 33706	Amount of Each Disbursement this Period 1177.36	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.17698	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TRUDEAU, KATHRYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 8243 101ST COURT N			FEC Identification Number C	
City SEMINOLE	State FL	Zip Code 33777	Amount of Each Disbursement this Period 383.64	
Purpose of Disbursement REIMBURSEMENT: TRAVEL:FUEL, EVENT REGISTRATION		Category/ Type	Transaction ID : SB17.17724	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2738.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRUDEAU, KATHRYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2020	
Mailing Address 8243 101ST COURT N			FEC Identification Number C	
City SEMINOLE	State FL	Zip Code 33777	Amount of Each Disbursement this Period 1890.29	
Purpose of Disbursement PAYROLL		Category/Type	Transaction ID : SB17.17725	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TRUDEAU, KATHRYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020	
Mailing Address 8243 101ST COURT N			FEC Identification Number C	
City SEMINOLE	State FL	Zip Code 33777	Amount of Each Disbursement this Period 1890.31	
Purpose of Disbursement PAYROLL		Category/Type	Transaction ID : SB17.17726	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 3501 BESSIE COLEMAN BLVD FL2			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33630-5010	Amount of Each Disbursement this Period 7.75	
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Category/Type	Transaction ID : SB17.17798	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3780.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 4222 22ND AVE S		FEC Identification Number C
City SAINT PETERSBURG	State FL	Zip Code 33711-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Amount of Each Disbursement this Period 7.75
Candidate Name		Transaction ID : SB17.17800
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 50 8TH AVE SW		FEC Identification Number C
City LARGO	State FL	Zip Code 33770-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17664]		Amount of Each Disbursement this Period 220.00
Candidate Name		Transaction ID : SB17.17802
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 1275 66TH ST N		FEC Identification Number C
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		Amount of Each Disbursement this Period 7.75
Candidate Name		Transaction ID : SB17.17774
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 1275 66TH ST N		M M / D D / Y Y Y Y 08 / 17 / 2020
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2020	55.00
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.17775
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 9355 113TH ST		M M / D D / Y Y Y Y 08 / 17 / 2020
City SEMINOLE	State FL	Zip Code 33772-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2020	26.35
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.17777
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 1275 66TH ST N		M M / D D / Y Y Y Y 08 / 17 / 2020
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2020	9.99
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.17780
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 1275 66TH ST N		FEC Identification Number C
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		Amount of Each Disbursement this Period 55.00
Candidate Name		Transaction ID : SB17.17781
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 1275 66TH ST N		FEC Identification Number C
City SAINT PETERSBURG	State FL	Zip Code 33710-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		Amount of Each Disbursement this Period 53.00
Candidate Name		Transaction ID : SB17.17790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 1703 N MCMULLEN BOOTH RD		FEC Identification Number C
City SAFETY HARBOR	State FL	Zip Code 34695-9995
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		Amount of Each Disbursement this Period 62.75
Candidate Name		Transaction ID : SB17.17792
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 112			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 250 CORE AVE		FEC Identification Number C
City ST. PETE BEACH	State FL	Zip Code 33706-9998
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: POSTAGE [17665]		Amount of Each Disbursement this Period 165.00
Candidate Name		Transaction ID : SB17.17796
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WATSON, BILLY, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020
Mailing Address 1806 ELAINE DRIVE		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33760
Purpose of Disbursement PRINTING & DESIGN SERVICES, REIMBURSEMENT: COLLATERAL: SIGNS		Amount of Each Disbursement this Period 1978.48
Candidate Name		Transaction ID : SB17.17700
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WAWA		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 8800 PARK BLVD		FEC Identification Number C
City SEMINOLE	State FL	Zip Code 33777
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17664]		Amount of Each Disbursement this Period 48.05
Candidate Name		Transaction ID : SB17.17805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	1978.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WAWA		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020
Mailing Address 3101 GANDY BLVD		FEC Identification Number C
City PINELLAS PARK	State FL	Zip Code 33782
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17664]		Amount of Each Disbursement this Period 49.44
Candidate Name		Transaction ID : SB17.17811
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WAWA		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020
Mailing Address 8800 PARK BLVD		FEC Identification Number C
City SEMINOLE	State FL	Zip Code 33777
Purpose of Disbursement CANDIDATE REIMBURSEMENTS: TRAVEL: FUEL [17665]		Amount of Each Disbursement this Period 35.00
Candidate Name		Transaction ID : SB17.17794
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2020
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 218.89
Candidate Name		Transaction ID : SB17.17740
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	218.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 382.05	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17741	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1572.28	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17742	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 358.83	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17743	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2313.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2020
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 175.12	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17744
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2020
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 196.56	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17745
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2020
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 78.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.17746
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	449.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 99.13	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17747	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 36.19	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17748	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 111.71	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17749	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	247.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 446.74	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17750	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 191.52	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17751	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 139.64	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17752	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	777.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 148.68	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17753	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 283.77	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17754	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 466.23	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17755	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	898.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 398.21	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17756	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 35.12	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17757	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1.21	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17758	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	434.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 5.19	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17759	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 21.09	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17760	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 30.98	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17761	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	57.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 6.24	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17762	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 9.23	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17763	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 6.27	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17764	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	21.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 32.31	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17765	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 2.78	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17766	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 4.47	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17767	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	39.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 112	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 40.02	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.17768	
Candidate Name		Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	40.02
TOTAL This Period (last page this line number only).....▶	357673.94

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASCOM COMMUNICATIONS			Nature of Debt (Purpose): COMMUNICATIONS CONSULTING - ESTIMATED
Mailing Address 217 S. ADAMS ST			
City TALLAHASSEE	State FL	Zip Code 32301	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14457	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSENSUS MEDIA, LLC			Nature of Debt (Purpose): VIDEO PRODUCTION SERVICES
Mailing Address PO BOX 28298			
City WINTER PARK	State FL	Zip Code 32790	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14456	
Amount Incurred This Period 4000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DATA TARGETING, INC.			Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 6211 NW 132ND STREET			
City GAINESVILLE	State FL	Zip Code 32653	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14451	
Amount Incurred This Period 15000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

1) SUBTOTALS This Period This Page (optional)	▶	21000.00
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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DATA TARGETING, INC.			Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 6211 NW 132ND STREET			
City GAINESVILLE	State FL	Zip Code 32653	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14453	
Amount Incurred This Period 5228.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 5228.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DICKINSON WRIGHT PLLC			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 2600 W BIG BEAVER SUITE 300			
City TROY	State MI	Zip Code 48084	

Outstanding Balance Beginning This Period 2204.50	Transaction ID : SD10.11371	
Amount Incurred This Period 0.00	Payment This Period 2204.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DICKINSON WRIGHT PLLC			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 2600 W BIG BEAVER SUITE 300			
City TROY	State MI	Zip Code 48084	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14459	
Amount Incurred This Period 128.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 128.00

1) SUBTOTALS This Period This Page (optional)	▶	5356.08
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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GULF COAST IMPRINTING			Nature of Debt (Purpose): PRINTING & DESIGN SERVICES
Mailing Address 2050 TALL PINES DR. SUITE A			
City LARGO	State FL	Zip Code 33771	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14450	
Amount Incurred This Period 1540.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 1540.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS			Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 138 CONANT STREET 2ND FLOOR			
City BEVERLY	State MA	Zip Code 01915	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14454	
Amount Incurred This Period 2800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2800.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TARGETED VICTORY LLC			Nature of Debt (Purpose): LIST RENTAL
Mailing Address 2311 WILSON BLVD SUITE 200			
City ARLINGTON	State VA	Zip Code 22201	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.14448	
Amount Incurred This Period 1052.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1052.00

1) SUBTOTALS This Period This Page (optional)	▶	5392.80
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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
AMANDA MAKKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE ARCHMANN GROUP			Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 1400 VILLAGE SQUARE BLVD, STE 3-25			
City TALLAHASSEE	State FL	Zip Code 32312	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.14455	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	3500.00
2) TOTALS This Period (last page this line number only)	▶	35248.88
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)	▶	35248.88

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.14455

(Balance of \$2,500 was invoiced in error)

Form/Schedule:

Transaction ID: