

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

FF PAC

ADDRESS (number and street)
Num
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

McLean, Chauncey, , ,

Type or Print Name of Treasurer

Signature of Treasurer McLean, Chauncey, , , [Electronically Filed] Date / /

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FF PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="6882.88"/>	<input type="text" value="6882.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4643091.43"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20064059.03"/>	<input type="text" value="27641614.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24707150.46"/>	<input type="text" value="27648497.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6279684.57"/>	<input type="text" value="9221031.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18427465.89"/>	<input type="text" value="18427465.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="877498.11"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FF PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20064059.03	27641614.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20064059.03	27641614.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20064059.03	27641614.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	5939587.68	7930699.85
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	340096.89	1290332.03
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6279684.57	9221031.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6279684.57	9221031.88

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
FF PAC

A. Williams, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 849
 City Lafayette State CA Zip Code 94549-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medium Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 09 / 16 / 2020
Transaction ID : 15435530
 Amount of Each Receipt this Period 250000.00
 Memo Item
 * Earmarked Contribution: See Below Non-Contribution Account

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 09 / 29 / 2020
Transaction ID : 15435530E
 Amount of Each Receipt this Period 250000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Lawson, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 548 Market St
 City San Francisco State CA Zip Code 94104-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, San Francisc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt 09 / 17 / 2020
Transaction ID : 15433740
 Amount of Each Receipt this Period 500000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 750000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FF PAC

A. Lawson, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 548 Market St
 City San Francisco State CA Zip Code 94104-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twilio Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt **09 / 22 / 2020**
Transaction ID : 15433752
 Amount of Each Receipt this Period 2500000.00
 Memo Item
 Non-Contribution Account

B. Mandel, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Bobolink Ln
 City Greenwich State CT Zip Code 06830-3801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZOOM Foundation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt **09 / 24 / 2020**
Transaction ID : 15433763
 Amount of Each Receipt this Period 1000000.00
 Memo Item
 Non-Contribution Account

C. Lawson, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 548 Market St
 City San Francisco State CA Zip Code 94104-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, San Francisc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt **09 / 22 / 2020**
Transaction ID : 15433744
 Amount of Each Receipt this Period 2500000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	6000000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jensen, Gregory, , ,			Date of Receipt MM / DD / YYYY 09 / 18 / 2020
Mailing Address 250 Main St			Transaction ID : 15433754
City Ridgefield	State CT	Zip Code 06877-4935	Amount of Each Receipt this Period 1000000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bridgewater Associates		Occupation (for Individual) Co-Chief Investment Officer	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AKPD Message and Media			Date of Receipt MM / DD / YYYY 09 / 04 / 2020
Mailing Address 730 N Franklin St Ste 404			Transaction ID : 15435505
City Chicago	State IL	Zip Code 60654-7205	Amount of Each Receipt this Period 10156.74
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	Non-Contribution Account: Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10156.74		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Future Forward USA Action			Date of Receipt MM / DD / YYYY 09 / 30 / 2020
Mailing Address 611 Pennsylvania Ave SE Num 143			Transaction ID : 15681825
City Washington	State DC	Zip Code 20003-4303	Amount of Each Receipt this Period 28902.29
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	Non-Contribution Account In-Kind: Staff Time and Overhead
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 310002.97		

SUBTOTAL of Receipts This Page (optional).....	1039059.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FF PAC

A. Moskovitz, Dustin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 26718
 City San Francisco State CA Zip Code 94126-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Asana Inc Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **11000000.00**

Date of Receipt **09 / 25 / 2020**
Transaction ID : 15433765
 Amount of Each Receipt this Period **5000000.00**
 Memo Item
 Non-Contribution Account

B. Moskovitz, Dustin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 26718
 City San Francisco State CA Zip Code 94126-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Asana Inc Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **11000000.00**

Date of Receipt **09 / 18 / 2020**
Transaction ID : 15433736
 Amount of Each Receipt this Period **5000000.00**
 Memo Item
 Non-Contribution Account

C. Sixteen Thirty Fund
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Connecticut Ave NW
 City Washington State DC Zip Code 20036-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3915274.21**

Date of Receipt **09 / 10 / 2020**
Transaction ID : 15433767
 Amount of Each Receipt this Period **1000000.00**
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	11000000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lawson, Jeffrey, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2020
Mailing Address 548 Market St		Transaction ID : 15433748
City San Francisco	State CA	Zip Code 94104-5401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500000.00
Name of Employer (for Individual) Twilio	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schmidt, Eric, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2020
Mailing Address 366 Walsh Rd		Transaction ID : 15433739
City Atherton	State CA	Zip Code 94027-6460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 775000.00
Name of Employer (for Individual) Alphabet Inc.	Occupation (for Individual) Technical Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2531375.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1275000.00
TOTAL This Period (last page this line number only).....▶	20064059.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. Interface Media Group, Inc		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address PO Box 57138		FEC Identification Number C [] Transaction ID : 500073470 Amount of Each Disbursement this Period [] 2251.84
City Washington	State DC	Zip Code 20037-0138
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Future Forward USA Action		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 611 Pennsylvania Ave SE Num 143		FEC Identification Number C [] Transaction ID : 500075731 Amount of Each Disbursement this Period [] 28902.29
City Washington	State DC	Zip Code 20003-4303
Purpose of Disbursement Non-Contribution Account In-Kind: Staff Time and Overhead		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MATTE Finish LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 174 Hudson St FI 5		FEC Identification Number C [] Transaction ID : 500073471 Amount of Each Disbursement this Period [] 34350.00
City New York	State NY	Zip Code 10013-2161
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

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

65504.13

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	
Zip Code 02144-3132		Transaction ID : 500073481
Purpose of Disbursement Non-Contribution Account: Credit Card Processing Fees		Amount of Each Disbursement this Period 9875.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 28 / 2020
Mailing Address 1825 K St NW		FEC Identification Number C
City Washington	State DC	
Zip Code 20006-1202		Transaction ID : 500073482
Purpose of Disbursement Non-Contribution Account: Bank Fee		Amount of Each Disbursement this Period 180.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. MVAR Media LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2020
Mailing Address 1421 Prince St Ste 320		FEC Identification Number C
City Alexandria	State VA	
Zip Code 22314-2805		Transaction ID : 500073473
Purpose of Disbursement Non-Contribution Account: Ad Production		Amount of Each Disbursement this Period 19780.89
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	29835.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. Ralston Lapp Media LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2020
Mailing Address 1054 31st St NW Ste 430		FEC Identification Number C [REDACTED] Transaction ID : 500073474 Amount of Each Disbursement this Period [REDACTED] 19562.28
City Washington	State DC	Zip Code 20007-6042
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Three Point Media		Date of Disbursement MM / DD / YYYY 09 / 21 / 2020
Mailing Address 290 Broadway Ste 210		FEC Identification Number C [REDACTED] Transaction ID : 500075794 Amount of Each Disbursement this Period [REDACTED] 32898.58
City Methuen	State MA	Zip Code 01844-6827
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AKPD Message and Media		Date of Disbursement MM / DD / YYYY 09 / 03 / 2020
Mailing Address 730 N Franklin St Ste 404		FEC Identification Number C [REDACTED] Transaction ID : 500073465 Amount of Each Disbursement this Period [REDACTED] 10156.74
City Chicago	State IL	Zip Code 60654-7205
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 62617.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. ASP Media LLC		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 59 Franklin St Apt 306		FEC Identification Number C [REDACTED] Transaction ID : 500075765 Amount of Each Disbursement this Period 45000.00
City New York	State NY	Zip Code 10013-4026
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Shine Creative LLC		Date of Disbursement MM / DD / YYYY 09 / 21 / 2020
Mailing Address 1220 L St NW Ste Pm 100		FEC Identification Number C [REDACTED] Transaction ID : 500073475 Amount of Each Disbursement this Period 10594.70
City Washington	State DC	Zip Code 20005-4033
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AKPD Message and Media		Date of Disbursement MM / DD / YYYY 09 / 21 / 2020
Mailing Address 730 N Franklin St Ste 404		FEC Identification Number C [REDACTED] Transaction ID : 500073466 Amount of Each Disbursement this Period 28379.94
City Chicago	State IL	Zip Code 60654-7205
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

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

83974.64

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. Shine Creative LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 1220 L St NW Ste Pm 100		FEC Identification Number C [REDACTED] Transaction ID : 500073476 Amount of Each Disbursement this Period 5602.10
City Washington	State DC	Zip Code 20005-4033
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ASP Media LLC		Date of Disbursement MM / DD / YYYY 09 / 28 / 2020
Mailing Address 59 Franklin St Apt 306		FEC Identification Number C [REDACTED] Transaction ID : 500073467 Amount of Each Disbursement this Period 45000.00
City New York	State NY	Zip Code 10013-4026
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Siegel Strategies		Date of Disbursement MM / DD / YYYY 09 / 21 / 2020
Mailing Address 270 Broadway Apt 18C		FEC Identification Number C [REDACTED] Transaction ID : 500073477 Amount of Each Disbursement this Period 15732.11
City New York	State NY	Zip Code 10007-2345
Purpose of Disbursement Non-Contribution Account: Ad Production		Category/ Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	66334.21
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FF PAC

Full Name (Last, First, Middle Initial) A. Star Trax		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 32 W 39th St FI 14		FEC Identification Number C Transaction ID : 500073469 Amount of Each Disbursement this Period 3159.63
City New York	State NY	
Zip Code 10018-2158	Purpose of Disbursement Non-Contribution Account: Ad Production	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The New Media Firm, Inc.		Date of Disbursement MM / DD / YYYY 09 / 21 / 2020
Mailing Address 1730 Rhode Island Ave NW Ste 213		FEC Identification Number C Transaction ID : 500073479 Amount of Each Disbursement this Period 28670.79
City Washington	State DC	
Zip Code 20036-3118	Purpose of Disbursement Non-Contribution Account: Ad Production	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	31830.42
TOTAL This Period (last page this line number only).....▶	340096.89

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dish Network			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 13155 Collection Center Dr			
City Chicago	State IL	Zip Code 60693-0001	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000490	
Amount Incurred This Period 90240.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy - Adjusted from previously reported estimates.
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period 32693.80	Transaction ID : 1250000361	
Amount Incurred This Period 0.00	Payment This Period 32693.80	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy - Adjusted from previously reported estimates.
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period 103835.11	Transaction ID : 1250000371	
Amount Incurred This Period 0.00	Payment This Period 103835.11	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	90240.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period 135000.00	Transaction ID : 1250000372	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period 135000.00	Transaction ID : 1250000403	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waterfront Strategies			Nature of Debt (Purpose): Ad Production
Mailing Address 3050 K St NW Ste 100			
City Washington	State DC	Zip Code 20007-5161	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000493	
Amount Incurred This Period 25272.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 25272.46

1) SUBTOTALS This Period This Page (optional)..... ▶	295272.46
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dish Network			Nature of Debt (Purpose): Ad Buy - Adjusted from previously reported estimates.
Mailing Address 13155 Collection Center Dr			
City Chicago	State IL	Zip Code 60693-0001	

Outstanding Balance Beginning This Period 66045.00	Transaction ID : 1250000404	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 66045.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MVAR Media LLC			Nature of Debt (Purpose): Ad Production
Mailing Address 1421 Prince St Ste 320			
City Alexandria	State VA	Zip Code 22314-2805	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000494	
Amount Incurred This Period 13273.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 13273.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ASP Media LLC			Nature of Debt (Purpose): Ad Production (Estimate)
Mailing Address 59 Franklin St Apt 306			
City New York	State NY	Zip Code 10013-4026	

Outstanding Balance Beginning This Period 32666.67	Transaction ID : 1250000385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32666.67

1) SUBTOTALS This Period This Page (optional)..... ▶	111985.65
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 28
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period		Transaction ID : 1250000487	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="120000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="120000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xandr, Inc.			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 1 Rockefeller Plz			
City New York	State NY	Zip Code 10020-2003	

Outstanding Balance Beginning This Period		Transaction ID : 1250000488	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="184800.00"/>	<input type="text" value="0.00"/>	<input type="text" value="184800.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Berlin Rosen			Nature of Debt (Purpose): Ad Production (Estimate)
Mailing Address 15 Maiden Ln Ste 1600			
City New York	State NY	Zip Code 10038-5111	

Outstanding Balance Beginning This Period		Transaction ID : 1250000298	
<input type="text" value="4000.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="308800.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waterfront Strategies			Nature of Debt (Purpose): Ad Production (Estimate)
Mailing Address 3050 K St NW Ste 100			
City Washington	State DC	Zip Code 20007-5161	

Outstanding Balance Beginning This Period 20000.00	Transaction ID : 1250000369	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dish Network			Nature of Debt (Purpose): Ad Buy (Estimate)
Mailing Address 13155 Collection Center Dr			
City Chicago	State IL	Zip Code 60693-0001	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000489	
Amount Incurred This Period 51200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51200.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	71200.00
2) TOTALS This Period (last page this line number only)..... ▶	877498.11
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) ▶	877498.11

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) FF PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00669259 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2020</div>			
Mailing Address 3050 K St NW Ste 100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5708094.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Washington</td> <td style="width:17%; border-bottom: 1px solid black;">State DC</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20007-5161</td> </tr> </table>		City Washington	State DC	Zip Code 20007-5161
City Washington		State DC	Zip Code 20007-5161	
Purpose of Expenditure Ad Buy				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">8418078.35</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Dish Network *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 07 / 2020</div>			
Mailing Address 13155 Collection Center Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">51200.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Chicago</td> <td style="width:17%; border-bottom: 1px solid black;">State IL</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 60693-0001</td> </tr> </table>		City Chicago	State IL	Zip Code 60693-0001
City Chicago		State IL	Zip Code 60693-0001	
Purpose of Expenditure Ad Buy (Estimate)				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, J., ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">8418078.35</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5708094.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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

McLean, Chauncey, , ,

[Electronically Filed]

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

10 / 12 / 2020

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) FF PAC	FEC IDENTIFICATION NUMBER ▼ C C00669259
--	--

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

Full Name of Payee Xandr, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1 Rockefeller Plz	Amount <input type="text"/>
City New York State NY Zip Code 10020-2003	Transaction ID : 500056801 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Ad Buy Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8418078.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Dish Network <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 13155 Collection Center Dr	Amount <input type="text"/>
City Chicago State IL Zip Code 60693-0001	Transaction ID : 500075741 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Ad Buy (Estimate) Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8418078.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 103835.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

McLean, Chauncey, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FF PAC
FEC IDENTIFICATION NUMBER
C C00669259

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

Full Name of Payee Shine Creative LLC
Mailing Address 1220 L St NW Ste Pm 100
City Washington State DC Zip Code 20005-4033
Purpose of Expenditure Ad Production
Name of Federal Candidate: TRUMP, DONALD, J.,
Disbursement For: General 2020
Amount 3466.20
Transaction ID : 500067741

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW Ste 100
City Washington State DC Zip Code 20007-5161
Purpose of Expenditure Ad Production
Name of Federal Candidate: TRUMP, DONALD, J.,
Disbursement For: General 2020
Amount 25272.46
Transaction ID : 500075751

(a) SUBTOTAL of Itemized Independent Expenditures 3466.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

McLean, Chauncey, ,

[Electronically Filed]

Date 10 / 12 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FF PAC
FEC IDENTIFICATION NUMBER
C C00669259

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

Full Name of Payee Xandr, Inc.
Mailing Address 1 Rockefeller Plz
City New York State NY Zip Code 10020-2003
Purpose of Expenditure Ad Buy
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Date of Public Distribution/Dissemination 06/15/2020
Amount 32693.80
Transaction ID : 500064691
Date of Disbursement or Obligation 09/17/2020
Office Sought: President
Disbursement For: General 2020

Full Name of Payee Xandr, Inc.
Mailing Address 1 Rockefeller Plz
City New York State NY Zip Code 10020-2003
Purpose of Expenditure Ad Buy (Estimate)
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Date of Public Distribution/Dissemination 09/29/2020
Amount 184800.00
Transaction ID : 500075742
Date of Disbursement or Obligation
Office Sought: President
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 32693.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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Date 10/12/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FF PAC
FEC IDENTIFICATION NUMBER
C C00669259

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

Full Name of Payee Xandr, Inc.
Mailing Address 1 Rockefeller Plz
City New York State NY Zip Code 10020-2003
Purpose of Expenditure Ad Buy (Estimate)
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Disbursement For: General 2020

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW Ste 100
City Washington State DC Zip Code 20007-5161
Purpose of Expenditure Ad Production
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 38000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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Date 10 / 12 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FF PAC
FEC IDENTIFICATION NUMBER
C C00669259

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

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince St Ste 320
City Alexandria State VA Zip Code 22314-2805
Purpose of Expenditure Ad Production
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Disbursement For: General 2020

Full Name of Payee MVAR Media LLC
Mailing Address 1421 Prince St Ste 320
City Alexandria State VA Zip Code 22314-2805
Purpose of Expenditure Ad Production (Estimate)
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 35643.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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Date 10 / 12 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FF PAC
FEC IDENTIFICATION NUMBER
C C00669259

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

Full Name of Payee Three Point Media
Mailing Address 290 Broadway Ste 210
City Methuen State MA Zip Code 01844-6827
Purpose of Expenditure Ad Production
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 8418078.35
Date of Public Distribution/Dissemination 09/07/2020
Amount 17855.53
Transaction ID : 500062989
Date of Disbursement or Obligation 09/07/2020
Office Sought: President
Disbursement For: General 2020

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate:
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 17855.53; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 5939587.68

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

McLean, Chauncey, ,

[Electronically Filed]

Date

10/12/2020

Signature