

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICA FIRST ACTION, INC.**

ADDRESS (number and street) **1400 Crystal Drive**  
**Suite 850**  
 Check if different than previously reported. (ACC) **Arlington VA 22202**

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

**C** **C00637512**

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 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  /  /  08 28 2018 through  /  /  09 30 2018

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

PROCH, JON, , ,

Type or Print Name of Treasurer

Signature of Treasurer PROCH, JON, , , [Electronically Filed] Date  /  /  10 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**AMERICA FIRST ACTION, INC.**

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="2018"/>		1899129.69
(b) Cash on Hand at Beginning of Reporting Period.....	11303562.69	
(c) Total Receipts (from Line 19) .....	12886382.43	27064571.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24189945.12	28963701.19
7. Total Disbursements (from Line 31).....	6156442.59	10930198.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18033502.53	18033502.53
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

AMERICA FIRST ACTION, INC.

Report Covering the Period: From: 08 / 28 / 2018 To: 09 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12776578.00	26657456.00
(ii) Unitemized .....	85908.77	377753.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12862486.77	27035209.35
(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) .....	12862486.77	27035209.35
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).....	16000.00	21466.49
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7895.66	7895.66
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)).....▶	12886382.43	27064571.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12886382.43	27064571.50

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	517938.34	3463716.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	517938.34	3463716.91
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) .....	5638334.25	7464985.75
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 .....	170.00	1496.00
(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)).....	170.00	1496.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6156442.59	10930198.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6156442.59	10930198.66

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12862486.77	27035209.35
34. Total Contribution Refunds (from Line 28(d)) .....	170.00	1496.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12862316.77	27033713.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	517938.34	3463716.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	16000.00	21466.49
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	501938.34	3442250.42

**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 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. ADAMS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1168 PLYMOUTH EAST RD

City PLYMOUTH	State OH	Zip Code 44865
------------------	-------------	-------------------

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

Name of Employer (for Individual) ADAMS QUALITY HEATING & COOLING	Occupation (for Individual) HVAC CONTRACTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.35072**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. ADELSON, MIRIAM, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 S RAMPART BLVD  
STE 440

City LAS VEGAS	State NV	Zip Code 89145
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ADELSON CLINIC	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

**Transaction ID : SA11AI.33477**

Amount of Each Receipt this Period  
5000000.00

Memo Item

**C. ADELSON, SHELDON, G, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 S RAMPART BLVD  
STE 440

City LAS VEGAS	State NV	Zip Code 89145
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAS VEGAS SANDS CORP.	Occupation (for Individual) CHAIRMAN AND CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

**Transaction ID : SA11AI.33479**

Amount of Each Receipt this Period  
5000000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000250.00
<b>TOTAL</b> 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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. ADOLPH, GREG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14086 PAUMA VISTA DRIVE  
 City VALLEY CENTER State CA Zip Code 92082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.34447**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. ALBERTSEN, ANDERS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1066 GRANT ST  
 City ENGLEWOOD State FL Zip Code 34224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35493**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. ALLEN, BLAIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2601 COLLEGE PKWY  
 City CARSON CITY State NV Zip Code 89706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMSTOCK VILLAGE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2018  
**Transaction ID : SA11AI.31992**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. ALLEN, BLAIR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 COLLEGE PKWY

City CARSON CITY	State NV	Zip Code 89706
---------------------	-------------	-------------------

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

Name of Employer (for Individual) COMSTOCK VILLAGE	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

**Transaction ID : SA11AI.35482**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. AMERICA FIRST POLICIES, INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 CRYSTAL DRIVE  
SUITE 850

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

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 ▼  
366909.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

**Transaction ID : SA11AI.36514**

Amount of Each Receipt this Period  
77561.00

Memo Item  
IN-KIND: PAYROLL / OFFICE EXPENSES

**C. ARNOLD, BONNIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1221 HIDDEN OAKS TRAIL

City VISTA	State CA	Zip Code 92084
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RF PARTS COMPANY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2018

**Transaction ID : SA11AI.33116**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78061.00
<b>TOTAL</b> 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 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. AULBACH, TIFFANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10575 HOLLY STREET  
 City RANCHO CUCAMONGA State CA Zip Code 91701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US ARMY CORPS OF ENGINEERS Occupation (for Individual) SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33467**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BALCH, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10906 LAKE WINDERMERE DR  
 City GREAT FALLS State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 01 / 2018  
**Transaction ID : SA11AI.33058**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BAXTER, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8440 CARMEL RIDGE COURT  
 City LAS VEGAS State NV Zip Code 89113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APOLLO REALTY Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 22 / 2018  
**Transaction ID : SA11AI.34552**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. BEAL, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 LEGACY DR.  
 City PLANO State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEAL BANK Occupation (for Individual) PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt 09 / 11 / 2018  
**Transaction ID : SA11AI.33439**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

**B. BEALS, CAMERON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 LAURELEAF DR  
 City PRESCOTT State AZ Zip Code 86303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.33965**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BECKER, KAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41691 N LOTUS AVE  
 City ANTIOCH State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REMAX Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33466**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 159  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. BECKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1039 ANNA COVES BLVD  
 City MINERAL State VA Zip Code 23117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2018  
**Transaction ID : SA11AI.33390**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. BECKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1039 ANNA COVES BLVD  
 City MINERAL State VA Zip Code 23117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.36076**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. BERNARD, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 JEFFERSON TERRACE  
 City NEW IBERIA State LA Zip Code 70560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IOG Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.32914**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 12 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. BILLINGE, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CHORDGRASS WAY  
 City SANTA ROSA BEACH State FL Zip Code 32459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32894**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BOYD, TJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 TANFORAN AVE  
 City MIDLAND State TX Zip Code 79707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCHING, OIL & GAS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32912**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BROWN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3193 FANNIN LN  
 City SOUTHLAKE State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEDERAL AVIATION ADMINISTRATION Occupation (for Individual) AIR TRAFFIC CONTROLLER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.34445**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> 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 13 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CALDERON, ERNESTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 ROCK HILL CHURCH RD  
 City STAFFORD State VA Zip Code 22556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DON Occupation (for Individual) LOG MGMT SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 29 / 2018  
**Transaction ID : SA11AI.32005**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. CALDERON, ERNESTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 ROCK HILL CHURCH RD  
 City STAFFORD State VA Zip Code 22556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DON Occupation (for Individual) LOG MGMT SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2018  
**Transaction ID : SA11AI.35670**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CALKINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 FOUR HILLS RD SE  
 City ALBUQUERQUE State NM Zip Code 87123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNRISE MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.35928**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 14 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CAMPBELL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3861 BOCA BAY DRIVE  
 City DALLAS State TX Zip Code 75244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS INSTRUMENTS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2018  
**Transaction ID : SA11AI.33431**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CARGILL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2628 RENTSHIRE DRIVE  
 City TALLASHASSEE State FL Zip Code 32303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.34679**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. CATSIMATIDIS, JOHN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 THIRD AVE.  
 5TH FLOOR  
 City NEW YORK State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RED APPLE GROUP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35506**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25300.00
<b>TOTAL</b> 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 15 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CATSIMATIDIS, JOHN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 THIRD AVE.  
 5TH FLOOR  
 City NEW YORK State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RED APPLE GROUP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35507**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. CHANDLER, ELAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1403  
 City CHEHALIS State WA Zip Code 98532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2018  
**Transaction ID : SA11AI.33350**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CHANDLER, ELAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1403  
 City CHEHALIS State WA Zip Code 98532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35401**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25175.00
<b>TOTAL</b> 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 16 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CHILDS, JOHN, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 SAGO PALM RD  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.W. CHILDS ASSOCIATES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35511**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**B. CLARK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10126 E TOPAZ DRIVE  
 City SCOTTSDALE State AZ Zip Code 85258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : SA11AI.33448**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. COBLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1213  
 City BURLINGTON State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35076**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250525.00  
**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 17 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. COCKE, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 SARLES LANE  
 City PLEASANTVILLE State NY Zip Code 10570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34289**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. COHEN, RAFAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1820 HOLMBY AVE #1  
 City LOS ANGELES State CA Zip Code 90025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35059**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. COKER, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4738 SALIDA BLVD PO BOX 260  
 City SALIDA State CA Zip Code 95368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COKER PUMP CO. Occupation (for Individual) PUMP ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018  
**Transaction ID : SA11AI.33370**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 159
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. COLLINS, ANN, MARIE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 INGERSON ROAD  
 City SAINT PAUL State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JLL Occupation (for Individual) REALTY CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2018  
**Transaction ID : SA11AI.33055**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. COMPTON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4730 BEN AVENUE #21  
 City VALLEY VILLAGE State CA Zip Code 91607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMPTON INSURANCE MARKETING Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35062**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. CORVINO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 EL BONTIO WAY  
 City MILLBRAE State CA Zip Code 94030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35053**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 19 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CRAMER, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2817 S LIPSCOMB

City AMARILLO	State TX	Zip Code 79109
------------------	-------------	-------------------

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

Name of Employer (for Individual) AUSTIN HOSE	Occupation (for Individual) CFO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2018

**Transaction ID : SA11AI.33081**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. CROWE, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 79405 HWY 111, STE 9-204  
STE 9-204

City LA QUINTA	State CA	Zip Code 92253
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

**Transaction ID : SA11AI.33468**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. CULVER, MIKE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3310 W ADAMS BLVD  
APT 317

City LOS ANGELES	State CA	Zip Code 90018
---------------------	-------------	-------------------

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

Name of Employer (for Individual) VETERANS ADMINISTRATION	Occupation (for Individual) SECURITY ASSISTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

**Transaction ID : SA11AI.33199**

Amount of Each Receipt this Period  
251.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	336.00
<b>TOTAL</b> 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 20 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. DANIEL, LEE, , , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1356 WHITE HAWK RANCH DR.

City BOULDER	State CO	Zip Code 80303
-----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.35498**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. DEVOR, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3638 BEECH AVE

City BALTIMORE	State MD	Zip Code 21211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) JDEV BUILDERS LLC	Occupation (for Individual) ENTREPRENEUER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08		29		2018

**Transaction ID : SA11AI.32007**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. DIMICCO, DANIEL, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 FIRETHORNE CLUB DR.

City WAXHAW	State NC	Zip Code 28173
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.34687**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> 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 21 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. DONOVAN, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7718 WALINCA TERRACE

City CLAYTON	State MO	Zip Code 63105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LEWIS RICE LLC	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		30		2018

**Transaction ID : SA11AI.36166**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. DONOVAN, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 HAWTHORNE AVE

City MORRIS PLAINS	State NJ	Zip Code 07950
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) MORRIS PLAINS LANDSCAPES	Occupation (for Individual) LANDSCAPER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		29		2018

**Transaction ID : SA11AI.35637**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. DORAN, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 753 FARNHAM LANE

City VIRGINIA BEACH	State VA	Zip Code 23455
------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
263.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		01		2018

**Transaction ID : SA11AI.32923**

Amount of Each Receipt this Period  
1.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	451.00
<b>TOTAL</b> 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 22 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. DUERST, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 3RD ST NW  
 City BEMIDJI State MN Zip Code 56601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CARPENTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 01 / 2018  
**Transaction ID : SA11AI.32987**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. ELLICHMAN, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 841 CHARTWELL COVE  
 City MEMPHIS State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELLICHMAN VASCULAR Occupation (for Individual) CONTROLLING MEMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36170**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. ELLISON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 BELLEVUE WAY NE #564  
 City BELLEVUE State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35082**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2025.00
<b>TOTAL</b> 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 23 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. ETEMADI, ALIREZA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2258 FRONT RANGE CT

City ERIE	State CO	Zip Code 80516
--------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.33214**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. FLAUM, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ANDREWS STREET  
STE 500

City ROCHESTER	State NY	Zip Code 14604
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FLAUM MGT. CO INC.	Occupation (for Individual) REAL ESTATE DEVELOPER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.34683**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. FLESCH, MATTHEW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4119 ROBERTSON BLVD

City ALEXANDRIA	State VA	Zip Code 22309
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FEDERAL GOVERNMENT	Occupation (for Individual) PROGRAM ANALYST
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

**Transaction ID : SA11AI.34161**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 24 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. FODOR, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2280 CENTURY HILL  
 City LOS ANGELES State CA Zip Code 90067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.34677**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. FOGELSONG, NORMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 SAND HILL ROAD  
 City MENLO PARK State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32918**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. FOSTER, DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 N HAMPTON RD  
 City SPRINGFIELD State OH Zip Code 45502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOSTER EQUIPMENT SALES, LLC Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2018  
**Transaction ID : SA11AI.33237**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 25 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. FRIEDMAN, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 BLACKFOOT LN  
 City VENTURA State CA Zip Code 93001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. FRITTS, HOLLIS, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6628 SMITHTOWN ROAD  
 City EXCELSIOR State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDICAL SCANNING CONSULTANTS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : SA11AI.33709**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. FRITZ, BRENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 HARRIER HAWK  
 City EDMOND State OK Zip Code 73003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.34428**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**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 26 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. FRY, RENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15349 EDGEHILL DRIVE  
 City DUMFRIES State VA Zip Code 22025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35078**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. GARNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9418 F SPRING HOUSE LANE  
 City LAUREL State MD Zip Code 20708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERAL DYNAMICS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34283**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GIBSON, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12921 KINGSMILL WAY  
 City FORT MYERS State FL Zip Code 33913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2018  
**Transaction ID : SA11AI.33184**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 159  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. GILLESPIE, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 6302

City OCEAN VIEW State HI Zip Code 96737

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.34529**

Amount of Each Receipt this Period

Memo Item

**B. GONZALEZ, JULIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 DUKE DRIVE

City LAKE WORTH State FL Zip Code 33460

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) ENGINEERED TAX SERVICES.COM Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.33218**

Amount of Each Receipt this Period

Memo Item

**C. GOULD, ROBERT, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13796 RIVOLI DRIVE

City PALM BEACH GARDENS State FL Zip Code 33410

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.35491**

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 159  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. GRAVETT, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 OLD JUPITER BEACH RD  
 City JUPITER State FL Zip Code 33477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AG INTERNATIONAL BROKERS, INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35061**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. GREYTAK, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 831 WRIGHTS NECK RD  
 City CENTREVILLE State MD Zip Code 21617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35489**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GROGAN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 E. PALO VERDE  
 City YUMA State AZ Zip Code 85365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32882**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 29 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. GROGAN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 E. PALO VERDE  
 City YUMA State AZ Zip Code 85365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35018**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. GROUT, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3074 US RTE 9  
 City VALATIE State NY Zip Code 12184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.34434**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. HAND, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23425 SE BLACK NUGGET RD. APT A204  
 City ISSAQUAH State WA Zip Code 98029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2018  
**Transaction ID : SA11AI.34560**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 30 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HANLON, SHIELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 SKYLAND PLACE  
 City THE WOODLANDS State TX Zip Code 77381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **09 / 14 / 2018**  
**Transaction ID : SA11AI.33486**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HARRIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 R CHURCH ST  
 City NEWTON State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **08 / 31 / 2018**  
**Transaction ID : SA11AI.32652**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. HARRIS, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 447 COUNTY ROAD #175  
 City BAYFIELD State CO Zip Code 81122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA11AI.35497**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<b>TOTAL</b> 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 31 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HAWKINS, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 SHADOW LAKE DRIVE  
 City BUCKHEAD State GA Zip Code 30625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE SILVER MOON Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.33490**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HINSON, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3422 SW 15TH STREET  
 City DEERFIELD BEACH State FL Zip Code 33442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARAMCO Occupation (for Individual) ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34297**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. HODGE, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2180 IDLEWILD RD  
 City PALM BEACH GARDENS State FL Zip Code 33410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE WAYS BOATYARD Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 07 / 2018  
**Transaction ID : SA11AI.33346**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> 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 32 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HOFFMAN, PAUL, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3465 GREYSTONE COURT  
 City COLORADO SPRINGS State CO Zip Code 80906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33469**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HOGLUND, FORREST, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5910 NORTH CENTRAL EXPY SUITE 250  
 City DALLAS State TX Zip Code 75206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35086**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. HOLM, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 WINDSOR ROAD STE A-524  
 City AUSTIN State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 09 / 01 / 2018  
**Transaction ID : SA11AI.33053**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25070.00
<b>TOTAL</b> 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 33 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HORNSTEIN, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 WESTWOOD LANE  
 City WOODBURY State NY Zip Code 11797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLOBAL CREDIT ADVISORS Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 45000.00

Date of Receipt 08 / 29 / 2018  
**Transaction ID : SA11AI.32008**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. HUGHES, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1343 SOUTH HENDERSON AVE  
 City DALLAS State TX Zip Code 75223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UFP Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33474**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. HUGHES, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1343 SOUTH HENDERSON AVE  
 City DALLAS State TX Zip Code 75223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UFP Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.34591**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10600.00
<b>TOTAL</b> 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 34 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HUGHES, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1343 SOUTH HENDERSON AVE

City DALLAS	State TX	Zip Code 75223
----------------	-------------	-------------------

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

Name of Employer (for Individual) UFP	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.35404**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HUGHES, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1343 SOUTH HENDERSON AVE

City DALLAS	State TX	Zip Code 75223
----------------	-------------	-------------------

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

Name of Employer (for Individual) UFP	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2018

**Transaction ID : SA11AI.35667**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. JACK, TYSON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 E.20TH ST.

City SAFFORD	State AZ	Zip Code 85546
-----------------	-------------	-------------------

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

Name of Employer (for Individual) DACON	Occupation (for Individual) JOURNEYMAN LINEMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

**Transaction ID : SA11AI.34281**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 35 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. JACOBSEN, CORT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 948 BAISLEY TRL  
 City THE VILLAGES State FL Zip Code 32162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34056**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. JANSHESKI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 N PETERS RD #132  
 City KNOXVILLE State TN Zip Code 37923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32920**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. JEAN-CHARLES, VICKIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 PATTERSON STREET, UNIT #220 UNIT #220  
 City SAN JOSE State CA Zip Code 95112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) XACTLY CORPORATION Occupation (for Individual) SR SYSTEM ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.34347**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> 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 36 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. JOBE, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8185 E ALAMEDA RD  
 City SCOTTSDALE State AR Zip Code 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2018  
**Transaction ID : SA11AI.34531**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. JOHNSTON, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 451 COUNTY ROAD 450 #450  
 City THRALL State TX Zip Code 76578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2018  
**Transaction ID : SA11AI.34485**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. KEATS, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2244 E INDIGO BAY DR  
 City GILBERT State AZ Zip Code 85234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.35842**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 37 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. KIPP, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 797

City SOUTHEASTERN	State PA	Zip Code 19399
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.32822**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. KNIGHT, ROB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address SERENDIPITY HILLS TRL, 3451

City CORINTH	State TX	Zip Code 76210
-----------------	-------------	-------------------

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

Name of Employer (for Individual) INDEPENDENT BUYER CO-OP	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.32910**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. LACANNE, AL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 E KNOX RD

City TEMPE	State AZ	Zip Code 85284
---------------	-------------	-------------------

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

Name of Employer (for Individual) INTERSTATE INVESTMENTS INC.	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : SA11AI.33488**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 38 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. LAMONT, HARRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 3349**

City <b>PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33480</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>PRIVATE INVESTOR</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**09 / 26 / 2018**

**Transaction ID : SA11AI.34685**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B. LANEY, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4111 MANORFIELD**

City <b>SEABROOK</b>	State <b>TX</b>	Zip Code <b>77586</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**09 / 01 / 2018**

**Transaction ID : SA11AI.33093**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. LANG, LEON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **26417 N FERNBUSH DR**

City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85083</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**09 / 25 / 2018**

**Transaction ID : SA11AI.34592**

Amount of Each Receipt this Period  
**250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> 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 39 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. LAY, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1519 NORTH BUCHANAN ST.  
 City ARLINGTON State VA Zip Code 22205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA11AI.34570**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. LEE, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W RIVER BEND CT  
 City MEQUON State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : SA11AI.33714**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. LEWIS, HARLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5612 BAYSHORE RD.  
 LOT358  
 City PALMETTO State FL Zip Code 34221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2018  
**Transaction ID : SA11AI.32020**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 40 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. LOVETT, CELESTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 LAKE VIEW DR W  
 City Ocala State FL Zip Code 34482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVETT LAWNS, INC. Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : SA11AI.33447**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MACKLE, LORETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 JUNO DUNES WAY  
 City JUNO BEACH State FL Zip Code 33408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.34348**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MADEIRA, MANUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86-055 ANALIPO ST.  
 City WAIANAE State HI Zip Code 96792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.34379**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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 41 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MANARIN, ROLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 CARR 101 #569  
 City CABO ROJO State PR Zip Code 00622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.35870**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MCBRIDE, CINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25702 NUGGET  
 City LAKE FOREST State CA Zip Code 92630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 01 / 2018  
**Transaction ID : SA11AI.33041**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MCCAFFETY, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 270 ROSENWALL ROAD  
 City HUNTSVILLE State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EPIC HEALTH SERVICES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2018  
**Transaction ID : SA11AI.32019**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 42 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MCCAFFETY, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 270 ROSENWALL ROAD  
 City HUNTSVILLE State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EPIC HEALTH SERVICES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36103**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MCCARTAN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W292N2145 ELMHURST DRIVE  
 City PEWAUKEE State WI Zip Code 53072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34295**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MCCOY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 CHERYL COURT  
 City LAKE OSWEGO State OR Zip Code 97034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCCOY FREIGHTLINER Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35483**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 43 OF 159
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MCCOY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 CHERYL COURT  
 City LAKE OSWEGO State OR Zip Code 97034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCCOY FREIGHTLINER Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35486**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MCLINN, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 877205  
 City WASILLA State AK Zip Code 99687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.34681**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. MEDVE, JAKOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 LEE PARKWAY, 2203 #2203  
 City DALLAS State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33473**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 44 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MERRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 CATTLE DRIVE  
 City CEDAR PARK State TX Zip Code 78613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.34325**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MESSICK, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2753 SPRUCE CREEK BLVD  
 City PORT ORANGE State FL Zip Code 32128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.34674**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MILLER, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 COVENTRY LANE  
 City VERO BEACH State FL Zip Code 32967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35068**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> 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 45 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MILTON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1517 ANACOSTIA AVE  
 City MOUNT PLEASANT State SC Zip Code 29466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.34409**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MITCHELL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19470 HAWKINS ROAD  
 City MADILL State OK Zip Code 73446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : SA11AI.33456**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MONTANA, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11036 FERNBURY DRIVE  
 City FORT WORTH State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST AIRLINES Occupation (for Individual) AVIONICS TECH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34193**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> 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 46 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MOORE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 W 7TH ST  
 APT 2746  
 City FORT WORTH State TX Zip Code 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WYNNCHURCH CAPITAL Occupation (for Individual) OPERATING PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34291**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MORRIS, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4513 VALLEYDALE ROAD  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MORRIS AUTO SALES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36168**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. MOSKOWITZ, CHERNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4744 NORTH BAY ROAD  
 City MIAMI BEACH State FL Zip Code 33140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAWAIIAN GARDENS CASINO Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.33475**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000750.00
<b>TOTAL</b> 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 47 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. MUKHERJEE, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 RIVIERA DR  
 City KISSIMMEE State FL Zip Code 34744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36052**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST.  
 City WOODLAND HILLS State CA Zip Code 91364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2018  
**Transaction ID : SA11AI.32021**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MURPHY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19951 COLLIER ST.  
 City WOODLAND HILLS State CA Zip Code 91364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2018  
**Transaction ID : SA11AI.35664**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 48 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. NAULT, PAULA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21001 SAN RAMON VALLEY BLVD  
A4

City SAN RAMON	State CA	Zip Code 94583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) HOME IMPROVEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

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

**Transaction ID : SA11AI.32622**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. NAULT, PAULA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21001 SAN RAMON VALLEY BLVD  
A4

City SAN RAMON	State CA	Zip Code 94583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) HOME IMPROVEMENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2018

**Transaction ID : SA11AI.35569**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. NEAL, MADALINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 GLEN ARBOR PARK

City ORMOND BEACH	State FL	Zip Code 32174
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

**Transaction ID : SA11AI.34329**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 49 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. NEWELL, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 SUITE 100  
 732 S 11TH ST.  
 City NILES State MI Zip Code 49120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEONARDO DRS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2018  
**Transaction ID : SA11AI.34542**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. NGUYEN, CAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 DRY CREEK ROAD  
 City SAN JOSE State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VIETNAM DAILY NEWS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35057**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. OSTERTAG, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 VALLEY RANCH CIRCLE  
 City PRESCOTT State AZ Zip Code 86303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.35990**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 159  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. PAGANO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 COUNTRY ORCHARD DRIVE  
 City LAKE SAINT LOUIS State MO Zip Code 63367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFFINITY BUILDING SOLUTIONS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2018  
**Transaction ID : SA11AI.33368**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. PARK, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 S OCEAN GRANDE DRIVE PH 3  
 City PONTE VEDRA State FL Zip Code 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35070**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. PARKER, CONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6425 HAHN DR  
 City LOVINGTON State NM Zip Code 88260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SMALL BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32906**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 51 OF 159  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 15 / 2018  
**Transaction ID : SA11AI.33519**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34225**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2018  
**Transaction ID : SA11AI.34559**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 159
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36050**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. PETERSON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8321 SUMMER CREEK CT  
 City SACRAMENTO State CA Zip Code 95828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Occupation (for Individual) CS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36122**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. PETTUS, AMANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 SOLOGNE PLACE  
 City LITTLE ROCK State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PETTUS OFFICE PRODUCTS Occupation (for Individual) SECRETARY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34299**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 159
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. PFAU, BRUCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 267 ROBERT MITCHELL ROAD

City CADIZ	State KY	Zip Code 42211
---------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

**Transaction ID : SA11AI.33707**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. PICKARD, TINA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 PICKARD RD

City FORT VALLEY	State GA	Zip Code 31030
---------------------	-------------	-------------------

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

Name of Employer (for Individual) PICKARD SALES CO	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

**Transaction ID : SA11AI.33351**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. POTTS, GERALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 TROMBAY DR

City WILMINGTON	State NC	Zip Code 28412
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) ENGINEER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

**Transaction ID : SA11AI.34631**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 54 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. POWER, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 GLENWOOD CIR

City MONTEREY	State CA	Zip Code 93940
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : SA11AI.36164**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. PRATT, ERIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 ANCHORAGE LANE

City OLD SAYBROOK	State CT	Zip Code 06475
----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.35495**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. RASTIN, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 GAMBIER RD

City MOUNT VERNON	State OH	Zip Code 43050
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ARIEL CORPORATION	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.35508**

Amount of Each Receipt this Period  
125000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125500.00
<b>TOTAL</b> 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 55 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. REED, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29855 EMERALD MEADOWS DRIVE  
 City STEAMBOAT SPRINGS State CO Zip Code 80487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34303**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. REYES, RAFAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 167 ALLEGHENY WAY  
 City ALPINE State UT Zip Code 84004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36128**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. RICHARDS, CARLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4722 O CONNOR CT  
 City IRVING State TX Zip Code 75062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOLDMAN SACHS Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2018  
**Transaction ID : SA11AI.35700**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> 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 56 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. RIETHMANN, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11071 E DESERT TROON LANE  
 City SCOTTSDALE State AZ Zip Code 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2018  
**Transaction ID : SA11AI.33438**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. RISTAGNO, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17340 SW RIDER LN  
 City BEAVERTON State OR Zip Code 97007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.33948**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. RIVERS, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 GOUGE HOLLOW RD  
 City OLIVER SPRINGS State TN Zip Code 37840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : SA11AI.33712**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> 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 57 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. ROBINSON, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 ISLAND DRIVE  
 City MABANK State TX Zip Code 75156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36165**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. ROBINSON, SYNDEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6844 SILVERTIP CT  
 City MAINEVILLE State OH Zip Code 45039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.33487**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. ROGERS, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3350 RICE RD  
 City FALLON State NV Zip Code 89406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35074**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 58 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SAKAR INTERNATIONAL INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 CARTER DRIVE

City EDISON	State NJ	Zip Code 08817
----------------	-------------	-------------------

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 ▼  
10000.00

Date of Receipt  

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

**Transaction ID : SA11AI.32922**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. SCANTLIN, FRANK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 CLEAR SPRINGS CT

City SUGAR LAND	State TX	Zip Code 77479
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		18		2018

**Transaction ID : SA11AI.34287**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SCHAEFER, DUANE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 264 E MONROE

City VILLA PARK	State IL	Zip Code 60181
--------------------	-------------	-------------------

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

Name of Employer (for Individual) PATSON	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		18		2018

**Transaction ID : SA11AI.34301**

Amount of Each Receipt this Period  
550.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10800.00
<b>TOTAL</b> 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 59 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SCHMITZ, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8267 E.ANGEL SPIRIT DR.  
 City SCOTTSDALE State AZ Zip Code 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.32916**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. SEARS, MARGARITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1909  
 City NEW YORK State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) THEATRE PRODUCER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2018  
**Transaction ID : SA11AI.34676**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. SEEGERT, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6103 OLD OLIVE HWY.  
 City OROVILLE State CA Zip Code 95966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2018  
**Transaction ID : SA11AI.33658**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 60 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SENNE, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7908 KANDY LANE  
 City NORTH RICHLAND HILLS State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS HEALTH RESOURCES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2018  
**Transaction ID : SA11AI.33380**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. SEVILLE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 FERNRIDGE AVE.  
 City VALLEY PARK State MO Zip Code 63088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.34285**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SHAFER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 722 LAKEWOOD LN  
 City GRAPEVINE State TX Zip Code 76051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.34894**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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 61 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SIMMONS, ANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5915 DELOACHE  
 City DALLAS State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA11AI.34572**  
 Amount of Each Receipt this Period 35000.00  
 Memo Item

**B. SIMS, ELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5604 KENSINGTON CT  
 City PARKER State TX Zip Code 75002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : SA11AI.33710**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SKRMETTA, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 526 NORTHWOODS DR  
 City ABITA SPRINGS State LA Zip Code 70420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.36172**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36250.00
<b>TOTAL</b> 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 62 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SMIT, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10233 N. OAK RD. WEST  
 City CEDAR HILLS State UT Zip Code 84062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BECORA LC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2018  
**Transaction ID : SA11AI.33114**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. SMITH, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. BOX 1689  
 City RUSTON State LA Zip Code 71273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUNTER ENERGY, LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2018  
**Transaction ID : SA11AI.34293**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. SORBY, SHERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 174  
 City CORVALLIS State OR Zip Code 97330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2018  
**Transaction ID : SA11AI.35055**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 63 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SREDNICKI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33575 DREAMCATCHER TRAIL  
 City STEAMBOAT SPRINGS State CO Zip Code 80487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35504**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. STOCKER, RONALD, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 URQUHART RD  
 City CHEHALIS State WA Zip Code 98532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.34929**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. STONUM, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 ARLINGTON ROAD  
 City REDWOOD CITY State CA Zip Code 94062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S&H RENOVATIONS Occupation (for Individual) GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35066**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00  
**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 64 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. SZUSTER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 STATION ROAD

City GREAT NECK	State NY	Zip Code 11023
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DAVID SZUSTER PSYCHIATRY PC	Occupation (for Individual) MEDICAL DOCTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

**Transaction ID : SA11AI.33169**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. THIERY, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 952 SEA CLIFF DRIVE

City CARLSBAD	State CA	Zip Code 92011
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : SA11AI.32904**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. THOMPSON, JACKIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 BEVERLY AVENUE

City MACOMB	State IL	Zip Code 61455
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.35488**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<b>TOTAL</b> 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 65 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. TRACEY, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15504 STORM DR.  
 City AUSTIN State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREAT STUFF INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35084**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. TRIANO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 97  
 City CRANFORD State NJ Zip Code 07016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEDERAL PLASTICS CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.35080**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. VAN CUREN, GREG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 LANE 650BC SNOW LK  
 City FREMONT State IN Zip Code 46737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E-COLLAR TECHNOLOGIES, INC. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35501**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 66 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. VAN GENDEREN, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 SAINT BRIDES CT  
 City CARY State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BASF CORP Occupation (for Individual) BUSINESS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 19 / 2018**  
**Transaction ID : SA11AI.34377**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. WARRIX, LORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 FRANKLIN PIKE  
 City NASHVILLE State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **08 / 28 / 2018**  
**Transaction ID : SA11AI.31993**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. WARRIX, LORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 FRANKLIN PIKE  
 City NASHVILLE State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA11AI.35499**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 67 OF 159  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. WATTS, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3403 VELASCO CT.  
 City MISSOURI CITY    State TX    Zip Code 77459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUE VINES, INC.    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2018  
**Transaction ID : SA11AI.32002**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. WATTS, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3403 VELASCO CT.  
 City MISSOURI CITY    State TX    Zip Code 77459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUE VINES, INC.    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 29 / 2018  
**Transaction ID : SA11AI.35631**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. WEISSMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3700 S OCEAN BLVD  
 APT. 810  
 City BOCA RATON    State FL    Zip Code 33487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35503**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1100.00  
**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 68 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. WHITE, WILLIAM, RUTHERFORD, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 WEST 17TH STREET  
 UNIT #1702  
 City NEW YORK State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIREFLY CREATIVE Occupation (for Individual) TV PRODUCER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.32908**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. WITKIN, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1535 HIGH ST  
 City BOULDER State CO Zip Code 80304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : SA11AI.33699**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WRIEDEN, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 WOLF RUN SHOALS RD  
 City FAIRFAX STATION State VA Zip Code 22039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 69 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. WRIGHT, KAREN, BUCHWALD, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 243  
 City MOUNT VERNON State OH Zip Code 43050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARIEL CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.35509**  
 Amount of Each Receipt this Period 125000.00  
 Memo Item

**B. WUTKE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6666 ODANA RD STE 215  
 City MADISON State WI Zip Code 53719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2018  
**Transaction ID : SA11AI.33235**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 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 ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125250.00
<b>TOTAL</b> This Period (last page this line number only).....	12776578.00

**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 70 OF 159
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. BASELICE & ASSOCIATES, INC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4131 SPICEWOOD SPRINGS ROAD  
 SUITE O-2  
 City AUSTIN State TX Zip Code 78759  
 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 ▼  
 16000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2018  
**Transaction ID : SA15.36173**  
 Amount of Each Receipt this Period  
 16000.00  
 Memo Item  
**VENDOR REFUND - OVERPAYMENT**

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16000.00
<b>TOTAL</b> This Period (last page this line number only).....	16000.00

**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 71 OF 159
<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)  
**AMERICA FIRST ACTION, INC.**

**A. CHAIN BRIDGE BANK**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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 ▼  
7898.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2018

**Transaction ID : SA17.36175**

Amount of Each Receipt this Period  
7895.66

Memo Item  
**INTEREST**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7895.66
<b>TOTAL</b> This Period (last page this line number only).....▶	7895.66

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 04 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36176**  
Amount of Each Disbursement this Period  
 6280.59

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 04 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36177**  
Amount of Each Disbursement this Period  
 13199.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36178**  
Amount of Each Disbursement this Period  
 16986.83

Memo Item

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

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

36466.62



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 26 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36179**  
Amount of Each Disbursement this Period  
 3543.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 26 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36180**  
Amount of Each Disbursement this Period  
 7339.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANKCARD**

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING  
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36181**  
Amount of Each Disbursement this Period  
 12251.94

Memo Item

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

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

23135.37

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AARON C. WHITEHEAD</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 2090 HAWTHORNE LOOP		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36182</b> Amount of Each Disbursement this Period 5000.00	
City DRIFTWOOD	State TX	Zip Code 78619	Category/ Type [ ]
Purpose of Disbursement STRATEGY CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ADVANTAGE DIRECT</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018	
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36183</b> Amount of Each Disbursement this Period 287.30	
City ARLINGTON	State VA	Zip Code 22201	Category/ Type [ ]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ADVANTAGE DIRECT</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36184</b> Amount of Each Disbursement this Period 292.76	
City ARLINGTON	State VA	Zip Code 22201	Category/ Type [ ]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5580.06
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AHEARN, JOSEPH, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36201</b> Amount of Each Disbursement this Period 5236.35
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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>B. AMERICA FIRST POLICIES, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2018
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36515</b> Amount of Each Disbursement this Period 77561.00
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement IN-KIND: PAYROLL / OFFICE EXPENSES		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>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36471</b> Amount of Each Disbursement this Period 38.35
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

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

82797.35

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36476</b> Amount of Each Disbursement this Period [ ] 676.40
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36366</b> Amount of Each Disbursement this Period [ ] 280.73
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36396</b> Amount of Each Disbursement this Period [ ] 400.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36402</b> Amount of Each Disbursement this Period [REDACTED] 466.21
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36403</b> Amount of Each Disbursement this Period [REDACTED] 321.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36246</b> Amount of Each Disbursement this Period [REDACTED] 383.32
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36516</b> Amount of Each Disbursement this Period 477.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36374</b> Amount of Each Disbursement this Period 285.56
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36474</b> Amount of Each Disbursement this Period 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36448</b> Amount of Each Disbursement this Period [ ] 38.35
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36449</b> Amount of Each Disbursement this Period [ ] 38.35
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.3645t</b> Amount of Each Disbursement this Period [ ] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36451</b> Amount of Each Disbursement this Period [ ] 487.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36286</b> Amount of Each Disbursement this Period [ ] 524.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36303</b> Amount of Each Disbursement this Period [ ] 524.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36304</b> Amount of Each Disbursement this Period [ ] 524.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36305</b> Amount of Each Disbursement this Period [ ] 51.50
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36306</b> Amount of Each Disbursement this Period [ ] 66.11
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

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

[ ] 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36316</b> Amount of Each Disbursement this Period [REDACTED] 709.50
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36317</b> Amount of Each Disbursement this Period [REDACTED] 36.87
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36314</b> Amount of Each Disbursement this Period [REDACTED] 477.20
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 4280 GARDEN CITY DR

City  
NEW CARROLLTON

State  
MD

Zip Code  
20785

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: RAIL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36465  
Amount of Each Disbursement this Period

[REDACTED] 198.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 4280 GARDEN CITY DR

City  
NEW CARROLLTON

State  
MD

Zip Code  
20785

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: RAIL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36466  
Amount of Each Disbursement this Period

[REDACTED] 309.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36176.]: TRAVEL: RAIL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36256  
Amount of Each Disbursement this Period

[REDACTED] 244.00

Memo Item

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

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

[REDACTED] 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 4280 GARDEN CITY DR

City NEW CARROLLTON State MD Zip Code 20785

Purpose of Disbursement REIMBURSEMENT [SB21B.36198]: TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36419  
Amount of Each Disbursement this Period  
152.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36181]: TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36358  
Amount of Each Disbursement this Period  
180.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BENJAMIN RESTAURANT**

Mailing Address 23 E 40TH STREET

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36472  
Amount of Each Disbursement this Period  
35.70

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. BLT PRIME**

Mailing Address 1100 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36177]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36285  
Amount of Each Disbursement this Period  
1609.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRINDLEY BROTHERS LLC**

Mailing Address 4411 E US HIGHWAY 24

City ASTORIA State IL Zip Code 61501

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36178]: EVENT EXPENSE: FACILITIES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36301  
Amount of Each Disbursement this Period  
13900.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDGET RENT-A-CAR**

Mailing Address METRO AIRPORT  
1001 AIRPORT RD

City CHATTANOOGA State TN Zip Code 37421

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36321  
Amount of Each Disbursement this Period  
67.79

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36189</b> Amount of Each Disbursement this Period 3000.00	
City BEVERLY	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement COMPLIANCE CONSULTING		Memo Item <input type="checkbox"/>	
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) <b>B. CAPITAL RESEARCH GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018	
Mailing Address 1101 K STREET, NW SUITE 800 NW SUITE 800		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36190</b> Amount of Each Disbursement this Period 7500.00	
City WASHINGTON	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement RESEARCH CONSULTING		Memo Item <input type="checkbox"/>	
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) <b>C. CAREY INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018	
Mailing Address 7445 NEW TECHNOLOGY WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36253</b> Amount of Each Disbursement this Period 227.35	
City FREDERICK	State MD	Zip Code 21703	Category/ Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: GROUND TRANSPORTATION		Memo Item <input checked="" type="checkbox"/>	
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)..... ▶

10500.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. CONVERGENCE MEDIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 711024

City HERNDON State VA Zip Code 20171

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36192

Amount of Each Disbursement this Period: 15000.00

Memo Item

**B. CRESCENT HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 400 CRESCENT COURT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36309

Amount of Each Disbursement this Period: 310.34

Memo Item

**C. CRESCENT HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 400 CRESCENT COURT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36352

Amount of Each Disbursement this Period: 315.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36397</b>
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		Amount of Each Disbursement this Period [ ] 464.30
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36398</b>
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		Amount of Each Disbursement this Period [ ] 464.30
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36399</b>
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		Amount of Each Disbursement this Period [ ] 465.30
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:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36400</b> Amount of Each Disbursement this Period 465.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36401</b> Amount of Each Disbursement this Period 456.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36404</b> Amount of Each Disbursement this Period 541.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36405

Amount of Each Disbursement this Period: 965.35

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36391

Amount of Each Disbursement this Period: 490.20

Memo Item

**C. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36392

Amount of Each Disbursement this Period: 490.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36393

Amount of Each Disbursement this Period: 490.20

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36394

Amount of Each Disbursement this Period: 475.20

Memo Item

**C. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD  
SUITE 200

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement REIMBURSEMENT [SB21B.36197]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36395

Amount of Each Disbursement this Period: 475.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36258</b> Amount of Each Disbursement this Period [ ] 524.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36283</b> Amount of Each Disbursement this Period [ ] 524.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 1030 DELTA BLVD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36307</b> Amount of Each Disbursement this Period [ ] 578.20
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT-A-CAR</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address 600 CORPORATE PARK DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36327</b> Amount of Each Disbursement this Period [REDACTED] 290.76
City ST. LOUIS	State MO	Zip Code 63105
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: TRAVEL: GROUND TRANSPORTATION		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36263</b> Amount of Each Disbursement this Period [REDACTED] 475.36
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36273</b> Amount of Each Disbursement this Period [REDACTED] 65.86
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36277</b> Amount of Each Disbursement this Period [ ] 74.91
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36284</b> Amount of Each Disbursement this Period [ ] 1560.89
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36292</b> Amount of Each Disbursement this Period [ ] 3574.16
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36297</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36178]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 2995.99
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36298</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36178]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 78.57
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36311</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		Amount of Each Disbursement this Period [REDACTED] 27.67
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:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36323</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		Amount of Each Disbursement this Period [ ] 21.00
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:		
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36325</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		Amount of Each Disbursement this Period [ ] 23.60
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:		
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.3632t</b>
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		Amount of Each Disbursement this Period [ ] 10.50
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:		
<input checked="" type="checkbox"/> Memo Item		

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

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

[ ] 0.00
[ ]



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City  
MEMPHIS

State  
TN

Zip Code  
38109

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36330

Amount of Each Disbursement this Period

[REDACTED] 24.81

Memo Item

Full Name (Last, First, Middle Initial)

### B. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City  
MEMPHIS

State  
TN

Zip Code  
38109

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36333

Amount of Each Disbursement this Period

[REDACTED] 1570.84

Memo Item

Full Name (Last, First, Middle Initial)

### C. FEDERAL EXPRESS

Mailing Address 461 WINCHESTER RD

City  
MEMPHIS

State  
TN

Zip Code  
38109

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36333

Amount of Each Disbursement this Period

[REDACTED] 242.28

Memo Item

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

[REDACTED] 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36340</b> Amount of Each Disbursement this Period 58.62
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36341</b> Amount of Each Disbursement this Period 48.92
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36344</b> Amount of Each Disbursement this Period 15.93
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36353</b> Amount of Each Disbursement this Period [REDACTED] 1846.84
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 461 WINCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36361</b> Amount of Each Disbursement this Period [REDACTED] 48.99
City MEMPHIS	State TN	Zip Code 38109
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36181]:DELIVERY SERVICES		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2018
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36477</b> Amount of Each Disbursement this Period [REDACTED] 49.95
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIRLINE FEES		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2018	
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36478</b>	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 49.95
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIRLINE FEES		Category/Type	Memo Item <input checked="" type="checkbox"/>
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) <b>B. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2018	
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36468</b>	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 49.95
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIRLINE FEES		Category/Type	Memo Item <input checked="" type="checkbox"/>
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) <b>C. GOGOINFLIGHT</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2018	
Mailing Address 111 N CANAL ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36478</b>	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 49.95
Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: AIRLINE FEES		Category/Type	Memo Item <input checked="" type="checkbox"/>
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)..... ▶

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. HAVANA NEW YORK RESTAURANT**

Mailing Address 58 W. 38TH ST.

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement REIMBURSEMENT [SB21B.36198]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36409**  
 Amount of Each Disbursement this Period  
 123.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ RENT-A-CAR**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City WARR ACRES State OK Zip Code 73132

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: GROUND TRANSPORTATION  
 Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36274**  
 Amount of Each Disbursement this Period  
 280.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN EXPRESS**

Mailing Address 60 W. 36TH ST.

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement REIMBURSEMENT [SB21B.36198]: TRAVEL: LODGING  
 Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36411**  
 Amount of Each Disbursement this Period  
 297.83

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. HOTEL CRESCENT COURT**

Mailing Address 400 CRESCENT COURT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36348  
Amount of Each Disbursement this Period  
104.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOUSTON AIRPORT MARRIOTT**

Mailing Address 18700 JOHN F. KENNEDY BOULEVARD

City HOUSTON State TX Zip Code 77032

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36186]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36376  
Amount of Each Disbursement this Period  
234.36

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOUSTON MARRIOTT W. LOOP GALLERIA**

Mailing Address 1750 W LOOP S

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36177]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36265  
Amount of Each Disbursement this Period  
246.21

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. HOUSTON TOWNE CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 1406 HAVS ST

City HOUSTON State TX Zip Code 77009

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36262

Amount of Each Disbursement this Period: 81.00

Memo Item

**B. INDULGE AND BLOOM**

Full Name (Last, First, Middle Initial)

Mailing Address 60 EAST BROADWAY STE N314

City BLOOMINGTON State MN Zip Code 55425

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: EVENT EXPENSE: STAGING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36290

Amount of Each Disbursement this Period: 63.73

Memo Item

**C. INFIRMARY NYC**

Full Name (Last, First, Middle Initial)

Mailing Address 1720 2ND AVE

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36453

Amount of Each Disbursement this Period: 63.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

**A. JONES DAY**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7805  
BEN FRANKLIN STATION

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36200

Amount of Each Disbursement this Period: 28215.30

Memo Item

**B. LA MARAIS**

Full Name (Last, First, Middle Initial)

Mailing Address 150 W 46TH ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36281

Amount of Each Disbursement this Period: 874.27

Memo Item

**C. LA MARAIS**

Full Name (Last, First, Middle Initial)

Mailing Address 150 W 46TH ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36282

Amount of Each Disbursement this Period: 230.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 28215.30

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36178]: MEETING EXPENSE: PARKING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	8

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.36302**  
 Amount of Each Disbursement this Period  
 [REDACTED] 22.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]: MEETING EXPENSE: PARKING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	8

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.36315**  
 Amount of Each Disbursement this Period  
 [REDACTED] 22.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. LAZ PARKING

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]: MEETING EXPENSE: PARKING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	8

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.36318**  
 Amount of Each Disbursement this Period  
 [REDACTED] 15.00

Memo Item

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

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

[REDACTED]	0.00
[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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING**

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: MEETING EXPENSE: PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36331

Amount of Each Disbursement this Period

22.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address 1700 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: MEETING EXPENSE: PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36332

Amount of Each Disbursement this Period

22.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOEWS HOTEL**

Mailing Address 540 PARK AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36267

Amount of Each Disbursement this Period

695.75

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. LOEWS HOTEL**

Mailing Address 540 PARK AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36180]: CREDIT: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36324  
Amount of Each Disbursement this Period  
- 695.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOEWS REGENCY NEW YORK**

Mailing Address 540 PARK AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36469  
Amount of Each Disbursement this Period  
867.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOEWS REGENCY NEW YORK**

Mailing Address 540 PARK AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36471  
Amount of Each Disbursement this Period  
592.06

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. MASON STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE # 385		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36204</b> Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		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>B. MONTGOMERY, ERIN, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address C/O AMERICA FIRST ACTION INC 1400 CRYSTAL DRIVE STE 850		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36198</b> Amount of Each Disbursement this Period 719.46
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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>C. MO STRATEGIES INC</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address P.O. BOX 4		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36205</b> Amount of Each Disbursement this Period 10000.00
City WESTFIELD	State IN	Zip Code 46074
Purpose of Disbursement FUNDRAISING CONSULTING		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20719.46
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL RESEARCH INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 17 VILLAGE COURT.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36206</b> Amount of Each Disbursement this Period [REDACTED] 28250.00	
City HAZLET	State NJ	Zip Code 07730	Category/ Type [REDACTED]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NATIONAL RESEARCH INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 17 VILLAGE COURT.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36207</b> Amount of Each Disbursement this Period [REDACTED] 29500.00	
City HAZLET	State NJ	Zip Code 07730	Category/ Type [REDACTED]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NATIONAL RESEARCH INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 17 VILLAGE COURT.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36208</b> Amount of Each Disbursement this Period [REDACTED] 34500.00	
City HAZLET	State NJ	Zip Code 07730	Category/ Type [REDACTED]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 92250.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL RESEARCH INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2018
Mailing Address 17 VILLAGE COURT.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36209</b> Amount of Each Disbursement this Period [ ] 34500.00
City HAZLET	State NJ	Zip Code 07730
Purpose of Disbursement POLLING EXPENSE		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>B. NATIONAL RESEARCH INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 17 VILLAGE COURT.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36210</b> Amount of Each Disbursement this Period [ ] 28500.00
City HAZLET	State NJ	Zip Code 07730
Purpose of Disbursement POLLING EXPENSE		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>C. OTIS ELEVATOR COMPANY</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 5000 PHILADELPHIA WAY		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36211</b> Amount of Each Disbursement this Period [ ] 3096.00
City LANHAM	State MD	Zip Code 20706
Purpose of Disbursement EVENT EXENSE: FACILITIES SERVICES		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)..... ▶

[ ] 66096.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. PIERCE, ANN, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36186</b> Amount of Each Disbursement this Period [REDACTED] 968.91
City ARLINGTON	State VA	Zip Code 22020
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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>B. PIERCE, ANN, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 1400 CRYSTAL DRIVE SUITE 850		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36187</b> Amount of Each Disbursement this Period [REDACTED] 104.04
City ARLINGTON	State VA	Zip Code 22020
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		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>C. RADISSON BLU MALL OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 2100 KILLEBREW DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36275</b> Amount of Each Disbursement this Period [REDACTED] 474.23
City BLOOMINGTON	State MN	Zip Code 55425
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 1072.95

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. RADISSON BLU MALL OF AMERICA**

Date of Disbursement

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

Mailing Address 2100 KILLEBREW DR

City BLOOMINGTON State MN Zip Code 55425

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36177]: EVENT EXPENSE: FACILITY  
RENTAL  
Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.36287  
Amount of Each Disbursement this Period

991.07

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. RADISSON BLU MALL OF AMERICA**

Date of Disbursement

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

Mailing Address 2100 KILLEBREW DR

City BLOOMINGTON State MN Zip Code 55425

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36177]: EVENT EXPENSE: FACILITY  
RENTAL  
Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.36288  
Amount of Each Disbursement this Period

463.71

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. RADISSON BLU MALL OF AMERICA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

Mailing Address 2100 KILLEBREW DR

City BLOOMINGTON State MN Zip Code 55425

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36178]: EVENT EXPENSE: CATERING  
SERVICES  
Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.36295  
Amount of Each Disbursement this Period

285.32

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

0.00



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. RANGER ZUKE LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 11400 W. CALUMET RD.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36213</b> Amount of Each Disbursement this Period 7500.00
City MILWAUKEE	State WI	Zip Code 53224
Purpose of Disbursement COMMUNICATIONS CONSULTING		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>B. REDPRINT STRATEGY</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address 1050 JOHNNIE DODDS BLVD UNIT 2414		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36216</b> Amount of Each Disbursement this Period 14000.00
City MOUNT PLEASANT	State SC	Zip Code 29465
Purpose of Disbursement EVENT EXPENSE: VIDEO PRODUCTION COST		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>C. RED STATE DATA AND DIGITAL</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #454		FEC Identification Number C [ ] <b>Transaction ID : SB21B.36214</b> Amount of Each Disbursement this Period 16279.80
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement DIGITAL CONSULTING: WEB DEVELOPMENT AND EXPENSES		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	37779.80
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. RED STATE DATA AND DIGITAL**

Mailing Address 611 PENNSYLVANIA AVE  
SE #454

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36215  
Amount of Each Disbursement this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RIGWIL LLC**

Mailing Address 2308 MT. VERNON AVE  
SUITE 415

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36217  
Amount of Each Disbursement this Period  
7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36245  
Amount of Each Disbursement this Period  
253.98

Memo Item

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

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

17500.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36251</b> Amount of Each Disbursement this Period [REDACTED] - 253.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: CREDIT: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36310</b> Amount of Each Disbursement this Period [REDACTED] 516.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36311</b> Amount of Each Disbursement this Period [REDACTED] 516.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36312</b> Amount of Each Disbursement this Period [REDACTED] - 516.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: CREDIT: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 2702 LOVE FIELD DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36313</b> Amount of Each Disbursement this Period [REDACTED] 494.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36179]: TRAVEL: AIR		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST TAXI CAB</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address 511 E JACKSON AVE C		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.3626t</b> Amount of Each Disbursement this Period [REDACTED] 80.90
City HARLINGEN	State TX	Zip Code 78550
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: GROUND TRANSPORTATION		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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST TAXI CAB</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018	
Mailing Address 511 E JACKSON AVE C		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36271</b> Amount of Each Disbursement this Period 90.35	
City HARLINGEN	State TX	Zip Code 78550	Category/ Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: GROUND TRANSPORTATION			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST TAXI CAB</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018	
Mailing Address 511 E JACKSON AVE C		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36272</b> Amount of Each Disbursement this Period 63.10	
City HARLINGEN	State TX	Zip Code 78550	Category/ Type
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36177]: GROUND TRANSPORTATION			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ST. JAMES STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018	
Mailing Address 45 NORTH HILL DRIVE SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36211</b> Amount of Each Disbursement this Period 7500.00	
City WARRENTON	State VA	Zip Code 20186	Category/ Type
Purpose of Disbursement STRATEGY CONSULTING			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36219**  
Amount of Each Disbursement this Period  
42.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36220**  
Amount of Each Disbursement this Period  
428.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C  
**Transaction ID : SB21B.36221**  
Amount of Each Disbursement this Period  
30.12

Memo Item

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

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

501.10

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36222  
Amount of Each Disbursement this Period  
656.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36223  
Amount of Each Disbursement this Period  
33.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36224  
Amount of Each Disbursement this Period  
924.01

Memo Item

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

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

1523.23

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36225  
Amount of Each Disbursement this Period  
251.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36226  
Amount of Each Disbursement this Period  
426.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36227  
Amount of Each Disbursement this Period  
47.97

Memo Item

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

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

726.15



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36228  
Amount of Each Disbursement this Period

[REDACTED] 135.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.36229  
Amount of Each Disbursement this Period

[REDACTED] 45.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.3623t  
Amount of Each Disbursement this Period

[REDACTED] 29.12

Memo Item

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

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

[REDACTED] 210.40

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.36231

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.36232

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.36233

Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36234  
Amount of Each Disbursement this Period  
249.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36235  
Amount of Each Disbursement this Period  
577.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36236  
Amount of Each Disbursement this Period  
87.67

Memo Item

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

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

914.15

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36237

Amount of Each Disbursement this Period

68.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36238

Amount of Each Disbursement this Period

82.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36238

Amount of Each Disbursement this Period

51.14

Memo Item

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

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

201.84

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36240**  
Amount of Each Disbursement this Period  
28.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36241**  
Amount of Each Disbursement this Period  
176.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE KOZLOW GROUP INC**

Mailing Address 14624 GLADE HILL PARK WAY

City WINTER GARDEN State FL Zip Code 34787

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36242**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

5204.09

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. THE PERCUSSION STATION**

Mailing Address 1923 BOMAR AVE

City FORT WORTH State TX Zip Code 76103

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: CONTRIBUTOR COLLATERAL

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36337**  
 Amount of Each Disbursement this Period  
 399.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE PERCUSSION STATION**

Mailing Address 1923 BOMAR AVE

City FORT WORTH State TX Zip Code 76103

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: CREDIT: CONTRIBUTOR COLLATERAL

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36339**  
 Amount of Each Disbursement this Period  
 - 199.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE POLLING COMPANY**

Mailing Address 2850 EISENHOWER AVENUE  
1ST FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36243**  
 Amount of Each Disbursement this Period  
 19600.00

Memo Item

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

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

19600.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. THE POLLING COMPANY</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 2850 EISENHOWER AVENUE 1ST FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36244</b> Amount of Each Disbursement this Period 26900.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING EXPENSE		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>B. THE POST OAK</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 1600 WEST LOOP SOUTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36296</b> Amount of Each Disbursement this Period - 325.49
City HOUSTON	State TX	Zip Code 77027
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36178]: CREDIT: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TRUMP, DONALD, , , Jr.</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address THE TRUMP ORGANIZATION 725 FIFTH AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36197</b> Amount of Each Disbursement this Period 7430.46
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement REIMBURSEMENT: TRAVEL EXPENSES, SEE MEMO ENTRIES IF REQUIRED		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)..... ▶

34330.46

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. TRUMP GRILL**

Mailing Address 725 5TH AVE.

City  
NEW YORK

State  
NY

Zip Code  
10022

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36198]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36413**  
Amount of Each Disbursement this Period  
24.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.**

Mailing Address 1100 PENNSYLVANIA AVENUE NW

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36176]: EVENT EXPENSE: FACILITY  
RENTAL AND CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36517**  
Amount of Each Disbursement this Period  
353.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.**

Mailing Address 1100 PENNSYLVANIA AVENUE NW

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36176]: EVENT EXPENSE: FACILITY  
RENTAL AND CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.36518**  
Amount of Each Disbursement this Period  
4134.42

Memo Item

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

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

0.00



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.**

Mailing Address 1100 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36176]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36250  
Amount of Each Disbursement this Period  
319.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.**

Mailing Address 1100 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36181]: EVENT EXPENSE: FACILITY RENTAL AND CATERING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36356  
Amount of Each Disbursement this Period  
3515.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUMP INTERNATIONAL HOTEL WASHINGTON, D.C.**

Mailing Address 1100 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
1ST BANKCARD PMT [SB21B.36181]: EVENT EXPENSE: FACILITY RENTAL AND CATERING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36357  
Amount of Each Disbursement this Period  
8500.00

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)  
**A. TRUMP OLD POST OFFICE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Mailing Address 1100 PENNSYLVANIA AVE. NW

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.36245**  
Amount of Each Disbursement this Period

[ ] 10016.50

Memo Item

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING SERVICES

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2018

Mailing Address 1455 MARKET ST

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.36420**  
Amount of Each Disbursement this Period

[ ] 15.16

Memo Item

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2018

Mailing Address 1455 MARKET ST

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.36421**  
Amount of Each Disbursement this Period

[ ] 31.51

Memo Item

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 10016.50

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 19 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36422**  
Amount of Each Disbursement this Period  
 10.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 20 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36423**  
Amount of Each Disbursement this Period  
 13.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 20 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.36424**  
Amount of Each Disbursement this Period  
 10.48

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36425  
Amount of Each Disbursement this Period  
13.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36426  
Amount of Each Disbursement this Period  
10.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36427  
Amount of Each Disbursement this Period  
9.64

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36428  
Amount of Each Disbursement this Period  
47.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36429  
Amount of Each Disbursement this Period  
11.04

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.3643t  
Amount of Each Disbursement this Period  
11.73

Memo Item

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36431  
Amount of Each Disbursement this Period  
12.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36432  
Amount of Each Disbursement this Period  
10.02

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36433  
Amount of Each Disbursement this Period  
11.35

Memo Item

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36473  
Amount of Each Disbursement this Period  
12.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36364  
Amount of Each Disbursement this Period  
18.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36365  
Amount of Each Disbursement this Period  
16.02

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36367  
Amount of Each Disbursement this Period

21.27

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36434  
Amount of Each Disbursement this Period

12.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36435  
Amount of Each Disbursement this Period

11.76

Memo Item

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36436  
Amount of Each Disbursement this Period

45.28

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36437  
Amount of Each Disbursement this Period

12.15

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2018

FEC Identification Number

C

Transaction ID : SB21B.36377  
Amount of Each Disbursement this Period

14.32

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36373  
Amount of Each Disbursement this Period  
12.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36186]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36377  
Amount of Each Disbursement this Period  
11.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36438  
Amount of Each Disbursement this Period  
18.56

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36439  
Amount of Each Disbursement this Period  
11.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36440  
Amount of Each Disbursement this Period  
9.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36462  
Amount of Each Disbursement this Period  
10.62

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
08 / 22 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36464  
Amount of Each Disbursement this Period  
10.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36441  
Amount of Each Disbursement this Period  
20.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36441  
Amount of Each Disbursement this Period  
10.20

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36443  
Amount of Each Disbursement this Period  
31.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36444  
Amount of Each Disbursement this Period  
33.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36444  
Amount of Each Disbursement this Period  
10.27

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36446  
Amount of Each Disbursement this Period  
11.27

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36447  
Amount of Each Disbursement this Period  
17.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36454  
Amount of Each Disbursement this Period  
31.66

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36455  
Amount of Each Disbursement this Period  
10.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36456  
Amount of Each Disbursement this Period  
23.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36187]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36381  
Amount of Each Disbursement this Period  
12.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36457  
Amount of Each Disbursement this Period  
10.16

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36458  
Amount of Each Disbursement this Period  
14.23

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 29 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36463  
Amount of Each Disbursement this Period  
10.73

Memo Item

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

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

0.00



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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36459  
Amount of Each Disbursement this Period  
39.70

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36460  
Amount of Each Disbursement this Period  
13.63

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36201]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.36461  
Amount of Each Disbursement this Period  
57.38

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36187]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36390  
Amount of Each Disbursement this Period  
18.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36198]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36406  
Amount of Each Disbursement this Period  
85.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36198]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36407  
Amount of Each Disbursement this Period  
17.25

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36187]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36388  
Amount of Each Disbursement this Period  
16.91

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement REIMBURSEMENT [SB21B.36187]: TRAVEL: GROUND TRANSPORTATION  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36389  
Amount of Each Disbursement this Period  
20.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.36247  
Amount of Each Disbursement this Period  
602.20

Memo Item

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

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

0.00

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

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36248</b>
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: TRAVEL: AIR		Amount of Each Disbursement this Period [REDACTED] 79.00
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36254</b>
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: CREDIT: TRAVEL: AIR		Amount of Each Disbursement this Period [REDACTED] - 79.00
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:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2018
Mailing Address 900 GRAND PLAZA DR SUITE 430		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.36255</b>
City HOUSTON	State TX	Zip Code 77067
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36176]: CREDIT: TRAVEL: AIR		Amount of Each Disbursement this Period [REDACTED] - 602.20
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:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICA FIRST ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. WELL DUNN CATERING INC</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018	
Mailing Address 5226 MONROE PLACE			
City HYATTSVILLE	State MD	Zip Code 20781	
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.36180]: EVENT EXPENSE: CATERING SERVICES		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.36343 Amount of Each Disbursement this Period 2175.00	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	517911.84

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee CONVERGENCE MEDIA LLC
Mailing Address PO BOX 711024
City HERNDON State VA Zip Code 20171
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: STEVENS, HALEY, , ,
Office Sought: House District: 11 State: MI
Amount 59469.30
Transaction ID: SE.31909
Date of Disbursement or Obligation 09/28/2018
Disbursement For: General 2018

Full Name of Payee IMGE
Mailing Address 108 SOUTH WASHINGTON ST
3RD FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Office Sought: Senate State: ND
Amount 106000.00
Transaction ID: SE.31860
Date of Disbursement or Obligation 09/20/2018
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 165469.30
(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.

PROCH, JON, , ,

[Electronically Filed]

Date 10/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee JAMESTOWN ASSOCIATES
Mailing Address 116 CRAIG ROAD
City MANALAPAN State NJ Zip Code 07726
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: BRINDISI, ANTHONY, , ,
Office Sought: House District: 22 State: NY
Disbursement For: General 2018
Amount 10000.00
Transaction ID: SE.31866
Date of Disbursement or Obligation 09/24/2018
Calendar Year-To-Date Per Election for Office Sought 374453.98

Full Name of Payee JAMESTOWN ASSOCIATES
Mailing Address 116 CRAIG ROAD
City MANALAPAN State NJ Zip Code 07726
Purpose of Expenditure PRODUCTION COST
Name of Federal Candidate: SLOTKIN, ELISSA, , ,
Office Sought: House District: 08 State: MI
Disbursement For: General 2018
Amount 10000.00
Transaction ID: SE.31879
Date of Disbursement or Obligation 09/24/2018
Calendar Year-To-Date Per Election for Office Sought 585775.38

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(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.
Signature: PROCH, JON, , , Date: 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee MAJORITY STRATEGIES LLC
Mailing Address 12854 KENAN DRIVE, SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 555942.74
Date of Public Distribution/Dissemination 09/21/2018
Amount 43012.04
Transaction ID : SE.31854
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee PEOPLE WHO THINK, LLC
Mailing Address 4250 HIGHWAY 22 SUITE 7
City MANDEVILLE State LA Zip Code 70471
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: SLOTKIN, ELISSA, ,
Calendar Year-To-Date Per Election for Office Sought 613731.13
Date of Public Distribution/Dissemination 09/26/2018
Amount 27955.75
Transaction ID : SE.31881
Date of Disbursement or Obligation 09/24/2018
Office Sought: House State: MI
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 70967.79
(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.

Signature: PROCH, JON, , [Electronically Filed] Date: 10/15/2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination
10 / 01 / 2018
Amount
27955.75
Transaction ID : SE.31897
Date of Disbursement or Obligation
09 / 28 / 2018

Name of Federal Candidate:
SLOTKIN, ELISSA, , ,
Support
Oppose
Office Sought:
House
District: 08
President
Senate
State: MI

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
PEOPLE WHO THINK, LLC
Mailing Address
4250 HIGHWAY 22
SUITE 7
City
MANDEVILLE
State
LA
Zip Code
70471
Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination
10 / 04 / 2018
Amount
27955.75
Transaction ID : SE.31912
Date of Disbursement or Obligation
09 / 28 / 2018

Name of Federal Candidate:
SLOTKIN, ELISSA, , ,
Support
Oppose
Office Sought:
House
District: 08
President
Senate
State: MI

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 55911.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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Signature: PROCH, JON, , , [Electronically Filed] Date: 10 / 15 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
09 / 25 / 2018
Amount
364453.98
Transaction ID : SE.31869
Date of Disbursement or Obligation
09 / 12 / 2018

Name of Federal Candidate:
BRINDISI, ANTHONY, , ,
Support
Oppose

Office Sought:
House District: 22
President Senate State: NY

Calendar Year-To-Date
Per Election for Office Sought
364453.98

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
09 / 25 / 2018
Amount
575775.38
Transaction ID : SE.31876
Date of Disbursement or Obligation
09 / 12 / 2018

Name of Federal Candidate:
SLOTKIN, ELISSA, , ,
Support
Oppose

Office Sought:
House District: 08
President Senate State: MI

Calendar Year-To-Date
Per Election for Office Sought
575775.38

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
940229.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: PROCH, JON, , , [Electronically Filed] Date: 10 / 15 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
10 / 02 / 2018
Amount
612131.76
Transaction ID : SE.31890
Date of Disbursement or Obligation
09 / 12 / 2018

Name of Federal Candidate:
STEVENS, HALEY, , ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
612131.76

Office Sought:
House
District: 11
State: MI
Disbursement For:
General
2018

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA Category/
Type

Date of Public Distribution/Dissemination
09 / 25 / 2018
Amount
406930.70
Transaction ID : SE.31858
Date of Disbursement or Obligation
09 / 20 / 2018

Name of Federal Candidate:
HEITKAMP, HEIDI, , ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
406930.70

Office Sought:
Senate
District:
State: ND
Disbursement For:
General
2018

(a) SUBTOTAL of Itemized Independent Expenditures
1019062.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, , ,

[Electronically Filed]

Date
10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: RED EAGLE MEDIA GROUP
Mailing Address: 815 SLATERS LANE
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: PLACED MEDIA
Date of Public Distribution/Dissemination: 09/25/2018
Amount: 85803.20
Transaction ID: SE.31871
Date of Disbursement or Obligation: 09/24/2018

Name of Federal Candidate: BRINDISI, ANTHONY, , ,
Support: [ ], Oppose: [x]
Office Sought: House [x], Senate [ ], President [ ]
District: 22, State: NY
Calendar Year-To-Date Per Election for Office Sought: 460257.18
Disbursement For: Primary [ ], General [x], Other [ ]

Full Name of Payee: RED EAGLE MEDIA GROUP
Mailing Address: 815 SLATERS LANE
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: PLACED MEDIA
Date of Public Distribution/Dissemination: 10/10/2018
Amount: 2111240.00
Transaction ID: SE.31978
Date of Disbursement or Obligation: 09/26/2018

Name of Federal Candidate: ALLRED, COLIN, , ,
Support: [ ], Oppose: [x]
Office Sought: House [x], Senate [ ], President [ ]
District: 32, State: TX
Calendar Year-To-Date Per Election for Office Sought: 2111240.00
Disbursement For: Primary [ ], General [x], Other [ ]

(a) SUBTOTAL of Itemized Independent Expenditures: 2197043.20
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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Signature: PROCH, JON, , , [Electronically Filed] Date: 10/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED EAGLE MEDIA GROUP
Mailing Address
815 SLATERS LANE
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
PLACED MEDIA
Category/Type
Date of Public Distribution/Dissemination
09 / 28 / 2018
Amount
1035650.64
Transaction ID : SE.31885
Date of Disbursement or Obligation
09 / 27 / 2018

Name of Federal Candidate:
TESTER, JON, ,
Support Oppose
Office Sought:
House Senate State: MT
Disbursement For:
Primary General 2018
Other (specify)

Full Name of Payee
REDPRINT STRATEGY
Mailing Address
1050 JOHNNIE DODDS BLVD
UNIT 2414
City
MOUNT PLEASANT State
SC Zip Code
29465
Purpose of Expenditure
PRODUCTION COST
Category/Type
Date of Public Distribution/Dissemination
09 / 25 / 2018
Amount
12000.00
Transaction ID : SE.31864
Date of Disbursement or Obligation
09 / 24 / 2018

Name of Federal Candidate:
HEITKAMP, HEIDI, ,
Support Oppose
Office Sought:
House Senate State: ND
Disbursement For:
Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1047650.64
(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.

PROCH, JON, ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee: REDPRINT STRATEGY
Mailing Address: 1050 JOHNNIE DODDS BLVD UNIT 2414
City: MOUNT PLEASANT, State: SC, Zip Code: 29465
Purpose of Expenditure: PRODUCTION COST
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought: 1047650.64
Disbursement For: General 2018

Full Name of Payee: RED STATE DATA AND DIGITAL
Mailing Address: 611 PENNSYLVANIA AVE SE #454
City: WASHINGTON, State: DC, Zip Code: 20003
Purpose of Expenditure: DIGITAL ADVERTISING
Name of Federal Candidate: SLOTKIN, ELISSA, , ,
Calendar Year-To-Date Per Election for Office Sought: 703731.13
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures: 102000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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PROCH, JON, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00637512

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

Full Name of Payee
RED STATE DATA AND DIGITAL
Mailing Address
611 PENNSYLVANIA AVE
SE #454
City
WASHINGTON State
DC Zip Code
20003
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
10 / 02 / 2018
Amount
20000.00
Transaction ID : SE.31903
Date of Disbursement or Obligation
09 / 25 / 2018

Name of Federal Candidate:
BRINDISI, ANTHONY, , ,
Support Oppose
Office Sought:
House District: 22
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
480257.18
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 5638334.25

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.

PROCH, JON, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature