

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**
MILK RIVER PAC

ADDRESS (number and street) **499 S. CAPITOL STREET, SW**
SUITE 422
 Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00625558 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Broz, Randall, , ,**

Signature of Treasurer **Broz, Randall, , ,** [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MILK RIVER PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="49042.80"/>	<input type="text" value="49042.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46346.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49105.00"/>	<input type="text" value="75155.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="95451.75"/>	<input type="text" value="124197.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55333.06"/>	<input type="text" value="84079.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40118.69"/>	<input type="text" value="40118.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MILK RIVER PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

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).....	25105.00	34355.00
(ii) Unitemized	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25105.00	34655.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	24000.00	40500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	49105.00	75155.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49105.00	75155.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49105.00	75155.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	39833.06	66579.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39833.06	66579.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	16500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	1000.00
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)) ..	55333.06	84079.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55333.06	84079.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49105.00	75155.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49105.00	75155.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39833.06	66579.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39833.06	66579.11

**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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MILK RIVER PAC

A. ActBlue Technical Services
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
9250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period
250.00

Memo Item

B. Dowdell, Joanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4301 Cathedral Avenue NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
News Corp Businesswoman

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
11		09		2017

Transaction ID : SA11AI.4241.0

Amount of Each Receipt this Period
250.00

Memo Item

C. ActBlue Technical Services
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
10750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<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)
MILK RIVER PAC

A. Yeboah-Amankwah, Ebony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Grayling Drive
 City Fairlawn State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FirstEnergy Occupation (for Individual) VP, Corp. Sec. and Chief Ethics Office
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.4252.0
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Epps, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13220 Moonlight Trail Drive
 City Silver Spring State MD Zip Code 20906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verizon Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.4252.1
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Honorable, Colette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4740 20th Road North #4108
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reed Smith LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.4252.2
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<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)
MILK RIVER PAC

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
5000.00

Memo Item

B. Grain, Lisa, , ,

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

Mailing Address 13232 Palmers Creek Terrace

City Bradenton	State FL	Zip Code 34202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11AI.4259.0

Amount of Each Receipt this Period
5000.00

Memo Item

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period
7000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
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 9 OF 39
	<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)
MILK RIVER PAC

A. Mas, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 SW 37th Avenue
 City Coral Gables State FL Zip Code 33134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MasTec, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.4262.0
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Johnson, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5218 Fairway Oaks
 City Windmere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Net Communications LLC Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.4262.1
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 10750.00

Date of Receipt 12 / 21 / 2017
Transaction ID : SA11AI.4267
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 39
	<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)
MILK RIVER PAC

A. Mercer, Sharice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1999 W 190th Street
 City Torrance State CA Zip Code 90504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Act-1 Group Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : SA11AI.4267.0
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 10750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : SA11AI.4270
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Bryant, Carlton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2349 W 239th Street
 City Torrance State CA Zip Code 90501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Act 1 Group Executive VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : SA11AI.4270.0
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 11 OF 39
	<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)
MILK RIVER PAC

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
80.00

Memo Item

B. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
275.00

Memo Item

C. Tointon, Janiejill, , ,

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

Mailing Address 5400 Niwot Road

City Longmont	State CO	Zip Code 80503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diamond Double T Ranch	Occupation (for Individual) Horse Breeder
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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
 12 / 31 / 2017

Transaction ID : SA11AI.4282.0

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 39
	<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)
MILK RIVER PAC

A. Armand, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E. 21st Street
 Apartment 19F
 City New York State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Armand Corporation Occupation (for Individual) Founder and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2017
Transaction ID : SA11AI.4234
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Holland, Diane, Griffin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3159 Arundel on the Bay Road
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USTelecom Association Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.4250
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Phillipps, Stephanie, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3009 Birch Street NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.4248
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	25105.00

**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 13 OF 39
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
MILK RIVER PAC

A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

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

Mailing Address 208 S. AKARD STREET
SUITE 1812

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2017

Transaction ID : SA11C.4297

Amount of Each Receipt this Period
2500.00

Memo Item

B. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

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

Mailing Address 208 S. AKARD STREET
SUITE 1812

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2017

Transaction ID : SA11C.4266

Amount of Each Receipt this Period
2500.00

Memo Item

C. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

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

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2017

Transaction ID : SA11C.4243

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 14 OF 39
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
MILK RIVER PAC

A. COX ENTERPRISES PAC (COXPAC) INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 975 F STREET, NW SUITE 300
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00477653
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 13 / 2017**
Transaction ID : SA11C.4287
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1299 PENNSYLVANIA AVE NW SUITE 900
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00024869
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11C.4244
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE JOHNSON & JOHNSON PLAZA
 City NEW BRUNSWICK State NJ Zip Code 08933
 FEC ID number of contributing federal political committee. **C** C00010983
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **09 / 07 / 2017**
Transaction ID : SA11C.4290
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
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 15 OF 39
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
MILK RIVER PAC

A. MASTERCARD INTERNATIONAL INC. EMPLOYEES' PAC

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

Mailing Address 2000 PURCHASE ST.

City PURCHASE	State NY	Zip Code 10577
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410274

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : SA11C.4288

Amount of Each Receipt this Period
2000.00

Memo Item

B. PFIZER INC. PAC

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

Mailing Address 235 EAST 42ND STREET

City NEW YORK	State NY	Zip Code 10017
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00016683

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2017

Transaction ID : SA11C.4295

Amount of Each Receipt this Period
2500.00

Memo Item

C. T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)

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

Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00361758

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2017

Transaction ID : SA11C.4292

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 16 OF 39
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
MILK RIVER PAC

A. VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 1275 PENNSYLVANIA AVENUE NW
SUITE 710

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00167759

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017

Transaction ID : SA11C.4293

Amount of Each Receipt this Period
2500.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	24000.00

**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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 09 / 2017	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.4298	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 9.88
Purpose of Disbursement Processing Fee		Category/ Type []	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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 09 / 2017	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.4299	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 59.25
Purpose of Disbursement Processing Fee		Category/ Type []	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) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.4300	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 197.50
Purpose of Disbursement Processing Fee		Category/ Type []	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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 266.63
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 30 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C [] Transaction ID : SB21B.4301 Amount of Each Disbursement this Period [] 276.50		
City Somerville	State MA	Zip Code 02144	Category/Type []		
Purpose of Disbursement Processing Fee			Amount of Each Disbursement this Period [] 276.50		
Candidate Name			Memo Item <input type="checkbox"/>		
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 21 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C [] Transaction ID : SB21B.4302 Amount of Each Disbursement this Period [] 98.75		
City Somerville	State MA	Zip Code 02144	Category/Type []		
Purpose of Disbursement Processing Fee			Amount of Each Disbursement this Period [] 98.75		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 21 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C [] Transaction ID : SB21B.4303 Amount of Each Disbursement this Period [] 98.75		
City Somerville	State MA	Zip Code 02144	Category/Type []		
Purpose of Disbursement Processing Fee			Amount of Each Disbursement this Period [] 98.75		
Candidate Name			Memo Item <input type="checkbox"/>		
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)..... ▶			[] 474.00		
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.4304
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period [] 10.87
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.4305
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period [] 3.17
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4333
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period [] 7866.75
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7880.79
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 08 / 16 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4312 Amount of Each Disbursement this Period [] 500.00		
City Washington	State DC	Zip Code 20003	Category/ Type		
Purpose of Disbursement Compliance Fee		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 08 / 16 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4321 Amount of Each Disbursement this Period [] 400.00		
City Washington	State DC	Zip Code 20003	Category/ Type		
Purpose of Disbursement Event Decorations		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 08 / 16 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4323 Amount of Each Disbursement this Period [] 167.76		
City Washington	State DC	Zip Code 20003	Category/ Type		
Purpose of Disbursement Event Supplies		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)..... ▶

[] 1067.76

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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4324 Amount of Each Disbursement this Period [] 99.99
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Event Supplies		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. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4325 Amount of Each Disbursement this Period [] 26.93
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Event Supplies		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4326 Amount of Each Disbursement this Period [] 4.99
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Event Supplies		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).....▶	[] 131.51
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4330 Amount of Each Disbursement this Period [REDACTED] 1002.50	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Fundraising Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4334 Amount of Each Disbursement this Period [REDACTED] 11978.98	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Travel 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) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4335 Amount of Each Disbursement this Period [REDACTED] 42.50	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Travel 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:			

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

[REDACTED] 13023.98

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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4336 Amount of Each Disbursement this Period [REDACTED] 178.39	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Travel 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. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4338 Amount of Each Disbursement this Period [REDACTED] 0.46	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Postage		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) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4401 Amount of Each Disbursement this Period [REDACTED] 150.96	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Travel 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 329.81
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4328 Amount of Each Disbursement this Period 7850.00	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Event Tickets		Candidate Name	
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) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4382 Amount of Each Disbursement this Period 8.43	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Travel Expense		Candidate Name	
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) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4383 Amount of Each Disbursement this Period 768.39	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Travel Expense		Candidate Name	
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) ▼		<input type="checkbox"/> Memo Item

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

8626.82

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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4384 Amount of Each Disbursement this Period [] 90.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel Expense		Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4386 Amount of Each Disbursement this Period [] 145.55	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel Expense		Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4399 Amount of Each Disbursement this Period [] 261.72	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Supplies		Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

497.27

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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4391 Amount of Each Disbursement this Period [] 3.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel Expense		Category/Type []		
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. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4322 Amount of Each Disbursement this Period [] 195.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Decorations		Category/Type []		
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) C. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [] Transaction ID : SB21B.4337 Amount of Each Disbursement this Period [] 1039.50	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel Expense		Category/Type []		
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) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1237.50
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4339 Amount of Each Disbursement this Period [REDACTED] 0.46	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Postage		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. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4341 Amount of Each Disbursement this Period [REDACTED] 1287.48	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Photography		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) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4387 Amount of Each Disbursement this Period [REDACTED] 211.20	
City Washington	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement Travel 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:			

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

[REDACTED] 1499.14

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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422					
City Washington		State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		<input type="checkbox"/> Category/ Type		FEC Identification Number C Transaction ID : SB21B.4388 Amount of Each Disbursement this Period 8.55	
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. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422					
City Washington		State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		<input type="checkbox"/> Category/ Type		FEC Identification Number C Transaction ID : SB21B.4389 Amount of Each Disbursement this Period 9.95	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017		
Mailing Address 499 S. Capitol Street, SW Suite 422					
City Washington		State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		<input type="checkbox"/> Category/ Type		FEC Identification Number C Transaction ID : SB21B.4390 Amount of Each Disbursement this Period 9.95	
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)..... ▶			28.45		
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B.4393 Amount of Each Disbursement this Period 63.81	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B.4394 Amount of Each Disbursement this Period 2.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B.4395 Amount of Each Disbursement this Period 22.41	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			88.22	
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4396 Amount of Each Disbursement this Period [REDACTED] 8.67	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel 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:				

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 10 / 17 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4397 Amount of Each Disbursement this Period [REDACTED] 90.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel 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:				

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement MM / DD / YYYY 11 / 15 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4331 Amount of Each Disbursement this Period [REDACTED] 600.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Fee		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:				

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

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

[REDACTED] 698.67
[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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 21 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Food and Meals		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4327 Amount of Each Disbursement this Period [REDACTED] 126.29		
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 type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 21 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Event Tickets		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4329 Amount of Each Disbursement this Period [REDACTED] 81.24		
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 type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 21 / 2017	
Mailing Address 499 S. Capitol Street, SW Suite 422				
City Washington	State DC	Zip Code 20003		
Purpose of Disbursement Gifts Given		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4332 Amount of Each Disbursement this Period [REDACTED] 61.56		
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 type="checkbox"/> Memo Item			
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 269.09	
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)
MILK RIVER PAC

A. Angerholzer Broz Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Telephone Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4340

Amount of Each Disbursement this Period: 16.59

Memo Item

B. Angerholzer Broz Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4398

Amount of Each Disbursement this Period: 534.04

Memo Item

C. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address 201 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4307

Amount of Each Disbursement this Period: 32.24

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	582.87
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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	1	7		

Mailing Address 201 Pennsylvania Avenue SE

FEC Identification Number

C []

Transaction ID : SB21B.4311
Amount of Each Disbursement this Period

[] 29.82

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement
Bank Fee

[]

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Coco B. Productions

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	0		2	0	1	7		

Mailing Address 842 Sebastian Lane

FEC Identification Number

C []

Transaction ID : SB21B.4316
Amount of Each Disbursement this Period

[] 2500.00

Memo Item

City Gambrills State MD Zip Code 21054

Purpose of Disbursement
Consulting Fee

[]

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Sykes, Ronnie, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	1		2	0	1	7		

Mailing Address 211 E 43rd Street
7th Floor

FEC Identification Number

C []

Transaction ID : SB21B.4379
Amount of Each Disbursement this Period

[] 484.00

Memo Item

City New York State NY Zip Code 10017

Purpose of Disbursement
Travel Reimbursement

[]

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[] 3013.82

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

[] 39803.59

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. ALMA ADAMS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address P.O. BOX 31473		FEC Identification Number C00546358 Transaction ID : SB23.4357 Amount of Each Disbursement this Period 1000.00
City CHARLOTTE	State NC	Zip Code 28231
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BARBARA LEE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 333 HEGENBERGER RD, STE 369		FEC Identification Number C00331769 Transaction ID : SB23.4346 Amount of Each Disbursement this Period 1500.00
City OAKLAND	State CA	Zip Code 94621
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. BONNIE WATSON COLEMAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00558437 Transaction ID : SB23.4375 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 12	<input type="checkbox"/> Memo Item

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

3500.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
MILK RIVER PAC

A. BRENDA LAWRENCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3060

City
SOUTHFIELD

State
MI

Zip Code
48037

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C C00552588

Transaction ID : SB23.4363

Amount of Each Disbursement this Period

1000.00

Memo Item

B. EDDIE BERNICE JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1825 MARKET CENTER BLVD STE 605

City
DALLAS

State
TX

Zip Code
75207

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C C00254573

Transaction ID : SB23.4369

Amount of Each Disbursement this Period

1000.00

Memo Item

C. KAREN BASS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C C00476523

Transaction ID : SB23.4354

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
MILK RIVER PAC

Full Name (Last, First, Middle Initial) A. LEE, SHEILA JACKSON		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017	
Mailing Address 4412 ALMEDA ROAD			
City HOUSTON	State TX	Zip Code 77004	
Purpose of Disbursement Political Contribution		Category/ Type	FEC Identification Number C 000287904 Transaction ID : SB23.4372
Candidate Name			Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 18	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. MARCIA FUDGE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 3729 SILSBY RD			
City UNIVERSITY HEIGHTS	State OH	Zip Code 44118	
Purpose of Disbursement Political Contribution		Category/ Type	FEC Identification Number C 000454694 Transaction ID : SB23.4349
Candidate Name FUDGE, MARCIA L, , ,			Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 11	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. MOORE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017	
Mailing Address PO BOX 16646			
City MILWAUKEE	State WI	Zip Code 53216	
Purpose of Disbursement Political Contribution		Category/ Type	FEC Identification Number C 000397505 Transaction ID : SB23.4360
Candidate Name			Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI District: 04	<input type="checkbox"/> Memo Item		

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

4500.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
MILK RIVER PAC

A. TERRI SEWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1964

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	7

FEC Identification Number

C C00458976

Transaction ID : SB23.4366

Amount of Each Disbursement this Period

1000.00

Memo Item

B. VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Mailing Address 413 NEW JERSEY AVENUE, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	7

FEC Identification Number

C C00528182

Transaction ID : SB23.4343

Amount of Each Disbursement this Period

1500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

14500.00

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

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NAME OF COMMITTEE (In Full)
MILK RIVER PAC

A. Higher Heights for America

Full Name (Last, First, Middle Initial)

Mailing Address 147 Prince Street
Suite 36

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB29.4319

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶ 1000.00