

**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

Unite America

ADDRESS (number and street)

1580 Lincoln St, Suite 520

Check if different than previously reported. (ACC)

Denver

CO

80203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00677773

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on [MM] / [DD] / [YYYY] in the State of [ ]

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

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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

Carson, Jeffrey, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Carson, Jeffrey, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY]

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

Office  
Use  
Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Unite America

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="2019"/>		<input type="text" value="86545.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1198946.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2646472.56"/>	<input type="text" value="5138840.32"/>
(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="3845419.03"/>	<input type="text" value="5225385.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2451078.28"/>	<input type="text" value="3831044.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1394340.75"/>	<input type="text" value="1394340.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="110616.75"/>	

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

**Unite America**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

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).....	2517857.82	4932906.04
(ii) Unitemized .....	12595.99	29915.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2530453.81	4962821.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	113604.16	173604.16
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2644057.97	5136425.73
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.).....	2414.59	2414.59
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)).....▶	2646472.56	5138840.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2646472.56	5138840.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1011076.28	1365942.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1011076.28	1365942.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	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 .....	2.00	102.00
(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)).....	2.00	102.00
29. Other Disbursements (Including Non-Federal Donations).....	1440000.00	2465000.00
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)) ..	2451078.28	3831044.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2451078.28	3831044.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2644057.97	5136425.73
34. Total Contribution Refunds (from Line 28(d)) .....	2.00	102.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2644055.97	5136323.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1011076.28	1365942.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1011076.28	1365942.73

**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 219
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Alexander, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4026 N Harding Avenue  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2019  
**Transaction ID : INCA3101**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Alexander, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4026 N Harding Avenue  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2019  
**Transaction ID : INCA3712**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Alexander, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4026 N Harding Avenue  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2019  
**Transaction ID : INCA3693**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 219
	<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)  
**Unite America**

**A. Alexander, Tom, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4026 N Harding Avenue  
City Chicago State IL Zip Code 60618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2019  
**Transaction ID : INCA3714**  
Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Alexander, Tom, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4026 N Harding Avenue  
City Chicago State IL Zip Code 60618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2019  
**Transaction ID : INCA3609**  
Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Araneo, George, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 19 Essex Street #4  
City Newburyport State MA Zip Code 1950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) George Araneo Occupation (for Individual) Film Producer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 10 / 2019  
**Transaction ID : INCA3071**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 200.00  
**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 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Araneo, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Essex Street #4  
 City Newburyport State MA Zip Code 1950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) George Araneo Occupation (for Individual) Film Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : INCA3583**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Araneo, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Essex Street #4  
 City Newburyport State MA Zip Code 1950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) George Araneo Occupation (for Individual) Film Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 28 / 2019  
**Transaction ID : INCA3680**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 20 / 2019  
**Transaction ID : INCA3104**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2019  
**Transaction ID : INCA3096**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2019  
**Transaction ID : INCA3703**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2019  
**Transaction ID : INCA3722**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 219
<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)  
**Unite America**

**A. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2019  
**Transaction ID : INCA3737**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Armstrong, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 N 100th Street  
 City Seattle State WA Zip Code 98133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Pilot  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : INCA3749**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Beal, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5724 S Kimbark  
 City Chicago State IL Zip Code 60637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2019  
**Transaction ID : INCA3614**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 219
	<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)  
**Unite America**

**A. Becker, Olivia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 E 93rd St  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2019  
**Transaction ID : INCA3633**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Becker, Olivia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 E 93rd St  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA3623**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Becker, Olivia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 E 93rd St  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2019  
**Transaction ID : INCA3634**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 219
<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)  
**Unite America**

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

Mailing Address 66 E 93rd St

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

**Transaction ID : INCA3671**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 66 E 93rd St

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2019

**Transaction ID : INCA3657**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2019

**Transaction ID : INCA3137**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	191.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 219
	<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)  
**Unite America**

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2019

**Transaction ID : INCA3121**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2019

**Transaction ID : INCA3626**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

**Transaction ID : INCA3652**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 219
	<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)  
**Unite America**

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2019

**Transaction ID : INCA3679**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 8814 Live Oak Road

City Wilton	State CA	Zip Code 95693
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2019

**Transaction ID : INCA3779**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1 Crenshaw Drive

City Wilmington	State DE	Zip Code 19810
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Research	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1059.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2019

**Transaction ID : INCA3081**

Amount of Each Receipt this Period  
88.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 219
	<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)  
**Unite America**

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

Mailing Address 1 Crenshaw Drive

City Wilmington	State DE	Zip Code 19810
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Research	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1059.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : INCA3080**

Amount of Each Receipt this Period  

88.33
-------

 Memo Item

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

Mailing Address 1 Crenshaw Drive

City Wilmington	State DE	Zip Code 19810
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Research	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1059.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2019

**Transaction ID : INCA3616**

Amount of Each Receipt this Period  

88.33
-------

 Memo Item

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

Mailing Address 1 Crenshaw Drive

City Wilmington	State DE	Zip Code 19810
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Research	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1059.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2019

**Transaction ID : INCA3618**

Amount of Each Receipt this Period  

88.33
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	264.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 219
	<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)  
**Unite America**

**A. Bookout, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Crenshaw Drive  
 City Wilmington State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Research Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1059.96**

Date of Receipt **11 / 02 / 2019**  
**Transaction ID : INCA3620**  
 Amount of Each Receipt this Period **88.33**  
 Memo Item

**B. Bookout, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Crenshaw Drive  
 City Wilmington State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Research Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1059.96**

Date of Receipt **12 / 02 / 2019**  
**Transaction ID : INCA3622**  
 Amount of Each Receipt this Period **88.33**  
 Memo Item

**C. Brunet, Jean-Michel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Lyndhurst Court  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Goal Occupation (for Individual) Lead Java Developer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **07 / 06 / 2019**  
**Transaction ID : INCA3139**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>201.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 219
	<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)  
**Unite America**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Brunet, Jean-Michel, , ,**

Mailing Address 23 Lyndhurst Court

City Sterling	State VA	Zip Code 20165
------------------	-------------	-------------------

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

Name of Employer (for Individual) The Goal	Occupation (for Individual) Lead Java Developer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

**Transaction ID : INCA3124**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 23 Lyndhurst Court

City Sterling	State VA	Zip Code 20165
------------------	-------------	-------------------

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

Name of Employer (for Individual) The Goal	Occupation (for Individual) Lead Java Developer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

**Transaction ID : INCA3630**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 23 Lyndhurst Court

City Sterling	State VA	Zip Code 20165
------------------	-------------	-------------------

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

Name of Employer (for Individual) The Goal	Occupation (for Individual) Lead Java Developer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2019

**Transaction ID : INCA3656**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Brunet, Jean-Michel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Lyndhurst Court  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Goal Occupation (for Individual) Lead Java Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 06 / 2019  
**Transaction ID : INCA3684**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Brunet, Jean-Michel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Lyndhurst Court  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Goal Occupation (for Individual) Lead Java Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 06 / 2019  
**Transaction ID : INCA3784**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Burpee, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Ute Pass West Road  
 City Durango State CO Zip Code 81301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.62

Date of Receipt 07 / 13 / 2019  
**Transaction ID : INCA4903**  
 Amount of Each Receipt this Period 9.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 145 Ute Pass West Road

City Durango	State CO	Zip Code 81301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

**Transaction ID : INCA4914**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 145 Ute Pass West Road

City Durango	State CO	Zip Code 81301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

**Transaction ID : INCA4924**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 145 Ute Pass West Road

City Durango	State CO	Zip Code 81301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

**Transaction ID : INCA4933**

Amount of Each Receipt this Period  
20.18

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 219
	<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)  
**Unite America**

**A. Burpee, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 145 Ute Pass West Road  
City Durango State CO Zip Code 81301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.62

Date of Receipt **10 / 13 / 2019**  
**Transaction ID : INCA4943**  
Amount of Each Receipt this Period 7.00  
 Memo Item

**B. Burpee, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 145 Ute Pass West Road  
City Durango State CO Zip Code 81301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.62

Date of Receipt **11 / 17 / 2019**  
**Transaction ID : INCA4959**  
Amount of Each Receipt this Period 8.00  
 Memo Item

**C. Coady, Erin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9004 Southwick Street  
City Fairfax State VA Zip Code 22031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Bowhead Professional Solutions Occupation (for Individual) Engineer  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 09 / 2019**  
**Transaction ID : INCA3439**  
Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00  
**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 21 OF 219
	<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)  
**Unite America**

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

Mailing Address 9004 Southwick Street

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Bowhead Professional Solutions	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
08 / 09 / 2019

**Transaction ID : INCA3250**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 9004 Southwick Street

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Bowhead Professional Solutions	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
09 / 09 / 2019

**Transaction ID : INCA3775**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 9004 Southwick Street

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Bowhead Professional Solutions	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
10 / 09 / 2019

**Transaction ID : INCA3781**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 219
	<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)  
**Unite America**

**A. Coady, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9004 Southwick Street  
 City Fairfax State VA Zip Code 22031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bowhead Professional Solutions Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 09 / 2019  
**Transaction ID : INCA3785**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Coady, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9004 Southwick Street  
 City Fairfax State VA Zip Code 22031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bowhead Professional Solutions Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 09 / 2019  
**Transaction ID : INCA3799**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2019  
**Transaction ID : INCA3129**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 219
	<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)  
**Unite America**

**A. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 26 / 2019  
**Transaction ID : INCA3112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2019  
**Transaction ID : INCA3611**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2019  
**Transaction ID : INCA3637**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 219
	<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)  
**Unite America**

**A. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2019  
**Transaction ID : INCA3662**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Domanico, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 29th Street 36 D  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenkman Capital Management, Inc Occupation (for Individual) Senior Credit Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2019  
**Transaction ID : INCA3688**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Dupree, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Drennen Road  
 City Orlando State FL Zip Code 32806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cisco Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2019  
**Transaction ID : INCA3567**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Early, Richard, , ,</b>			Date of Receipt
Mailing Address 4800 Sugar Grove Boulevard Ste 100			<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2019"/>
City Stafford	State TX	Zip Code 77477	<b>Transaction ID : INCA3087</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer (for Individual) Early McClintic McMillan, LLP		Occupation (for Individual) Investment Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1083.29"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Early, Richard, , ,</b>			Date of Receipt
Mailing Address 4800 Sugar Grove Boulevard Ste 100			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2019"/>
City Stafford	State TX	Zip Code 77477	<b>Transaction ID : INCA3084</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer (for Individual) Early McClintic McMillan, LLP		Occupation (for Individual) Investment Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1083.29"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Early, Richard, , ,</b>			Date of Receipt
Mailing Address 4800 Sugar Grove Boulevard Ste 100			<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2019"/>
City Stafford	State TX	Zip Code 77477	<b>Transaction ID : INCA3631</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer (for Individual) Early McClintic McMillan, LLP		Occupation (for Individual) Investment Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1083.29"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Early, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 Sugar Grove Boulevard Ste 100  
 City Stafford State TX Zip Code 77477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Early McClintic McMillan, LLP Occupation (for Individual) Investment Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.29

Date of Receipt 10 / 22 / 2019  
**Transaction ID : INCA3644**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Early, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 Sugar Grove Boulevard Ste 100  
 City Stafford State TX Zip Code 77477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Early McClintic McMillan, LLP Occupation (for Individual) Investment Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.29

Date of Receipt 10 / 23 / 2019  
**Transaction ID : INCA3642**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Early, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 Sugar Grove Boulevard Ste 100  
 City Stafford State TX Zip Code 77477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Early McClintic McMillan, LLP Occupation (for Individual) Investment Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.29

Date of Receipt 11 / 23 / 2019  
**Transaction ID : INCA3651**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 219
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Early, Richard, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2019
Mailing Address 4800 Sugar Grove Boulevard Ste 100		<b>Transaction ID : INCA3665</b>
City Stafford	State TX	Zip Code 77477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) Early McClintic McMillan, LLP	Occupation (for Individual) Investment Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.29	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Eleveld, Rob, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2019
Mailing Address 6547 26th Avenue Ne		<b>Transaction ID : INCA3135</b>
City Seattle	State WA	Zip Code 98115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Whitepages	Occupation (for Individual) Software Executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eleveld, Rob, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2019
Mailing Address 6547 26th Avenue Ne		<b>Transaction ID : INCA3118</b>
City Seattle	State WA	Zip Code 98115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Whitepages	Occupation (for Individual) Software Executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Eleveld, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6547 26th Avenue Ne  
 City Seattle State WA Zip Code 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitepages Occupation (for Individual) Software Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 17 / 2019  
**Transaction ID : INCA3624**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Eleveld, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6547 26th Avenue Ne  
 City Seattle State WA Zip Code 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitepages Occupation (for Individual) Software Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2019  
**Transaction ID : INCA3650**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Eleveld, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6547 26th Avenue Ne  
 City Seattle State WA Zip Code 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitepages Occupation (for Individual) Software Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2019  
**Transaction ID : INCA3674**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Eleveld, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6547 26th Avenue Ne  
 City Seattle State WA Zip Code 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitepages Occupation (for Individual) Software Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2019  
**Transaction ID : INCA3774**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Evans, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 268  
 City Napa State CA Zip Code 94559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2019  
**Transaction ID : INCA3079**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Evans, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 268  
 City Napa State CA Zip Code 94559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2019  
**Transaction ID : INCA3070**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Evans, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 268  
 City Napa State CA Zip Code 94559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **09 / 12 / 2019**  
**Transaction ID : INCA3589**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Evans, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 268  
 City Napa State CA Zip Code 94559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 12 / 2019**  
**Transaction ID : INCA3594**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Evans, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 268  
 City Napa State CA Zip Code 94559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 12 / 2019**  
**Transaction ID : INCA3600**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address Po Box 268

City Napa	State CA	Zip Code 94559
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2019

**Transaction ID : INCA3610**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 2203 Allebach Road

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Certified Public Accountant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2019

**Transaction ID : INCA3438**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 2203 Allebach Road

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Certified Public Accountant
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2019

**Transaction ID : INCA3231**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 219
	<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)  
**Unite America**

**A. Fesnak, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Allebach Road  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Certified Public Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 13 / 2019  
**Transaction ID : INCA3773**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Fesnak, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Allebach Road  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Certified Public Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2019  
**Transaction ID : INCA3778**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Fesnak, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Allebach Road  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Certified Public Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 13 / 2019  
**Transaction ID : INCA3783**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 33 OF 219
	<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)  
**Unite America**

**A. Fesnak, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Allebach Road  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Certified Public Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 13 / 2019**  
**Transaction ID : INCA3797**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Fischer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Williams Drive Suite 212 313  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Education Programs Support Services Occupation (for Individual) Technical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : INCA4908**  
 Amount of Each Receipt this Period 9.00  
 Memo Item

**C. Fischer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Williams Drive Suite 212 313  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Education Programs Support Services Occupation (for Individual) Technical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt **08 / 13 / 2019**  
**Transaction ID : INCA4919**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 219
	<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)  
**Unite America**

**A. Fischer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Williams Drive  
 Suite 212 313  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Education Programs Support Services Occupation (for Individual) Technical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 09 / 02 / 2019  
**Transaction ID : INCA4929**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Fischer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Williams Drive  
 Suite 212 313  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Education Programs Support Services Occupation (for Individual) Technical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 09 / 16 / 2019  
**Transaction ID : INCA4938**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Fischer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Williams Drive  
 Suite 212 313  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Education Programs Support Services Occupation (for Individual) Technical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 11 / 06 / 2019  
**Transaction ID : INCA4951**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**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 35 OF 219
	<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)  
**Unite America**

**A. Fischer, Mark, , ,**

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

Mailing Address 4500 Williams Drive  
Suite 212 313

City Georgetown	State TX	Zip Code 78633
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Education Programs Support Services	Occupation (for Individual) Technical Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2019

**Transaction ID : INCA4966**

Amount of Each Receipt this Period  
8.00

Memo Item

**B. Flax, Avi, , ,**

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

Mailing Address 89 Davis Avenue

City White Plains	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Funding Circle US	Occupation (for Individual) Software Developer/Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2019

**Transaction ID : INCA3436**

Amount of Each Receipt this Period  
18.00

Memo Item

**C. Flax, Avi, , ,**

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

Mailing Address 89 Davis Avenue

City White Plains	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Funding Circle US	Occupation (for Individual) Software Developer/Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2019

**Transaction ID : INCA3435**

Amount of Each Receipt this Period  
18.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 219
	<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)  
**Unite America**

**A. Flax, Avi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Davis Avenue  
 City White Plains State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Funding Circle US Occupation (for Individual) Software Developer/Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2019  
**Transaction ID : INCA3801**  
 Amount of Each Receipt this Period  
 18.00  
 Memo Item

**B. Flax, Avi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Davis Avenue  
 City White Plains State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Funding Circle US Occupation (for Individual) Software Developer/Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2019  
**Transaction ID : INCA3802**  
 Amount of Each Receipt this Period  
 18.00  
 Memo Item

**C. Flax, Avi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Davis Avenue  
 City White Plains State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Funding Circle US Occupation (for Individual) Software Developer/Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2019  
**Transaction ID : INCA3803**  
 Amount of Each Receipt this Period  
 18.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 219
	<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)  
**Unite America**

**A. Flax, Avi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Davis Avenue  
 City White Plains State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Funding Circle US Occupation (for Individual) Software Developer/Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **12 / 02 / 2019**  
**Transaction ID : INCA3805**  
 Amount of Each Receipt this Period 18.00  
 Memo Item

**B. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **07 / 20 / 2019**  
**Transaction ID : INCA3443**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **08 / 20 / 2019**  
**Transaction ID : INCA3156**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 219
	<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)  
**Unite America**

**A. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.16

Date of Receipt **09 / 20 / 2019**  
**Transaction ID : INCA3746**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.16

Date of Receipt **10 / 20 / 2019**  
**Transaction ID : INCA3720**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.16

Date of Receipt **11 / 20 / 2019**  
**Transaction ID : INCA3754**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 219
<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)  
**Unite America**

**A. Ford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Sims Road SE  
 City Winder State GA Zip Code 30680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Manager of Small Business  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.16

Date of Receipt **12 / 20 / 2019**  
**Transaction ID : INCA3763**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Foreman, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5320 Sombrero  
 City Bow Mar State CO Zip Code 80123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Capital Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10900.00

Date of Receipt **10 / 31 / 2019**  
**Transaction ID : INCA3576**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Foreman, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5320 Sombrero  
 City Bow Mar State CO Zip Code 80123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Capital Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10900.00

Date of Receipt **11 / 30 / 2019**  
**Transaction ID : INCA3578**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 219
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Foreman, Steve, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2019
Mailing Address 5320 Sombrero		<b>Transaction ID : INCA3564</b>
City Bow Mar	State CO	Zip Code 80123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual) LK Capital	Occupation (for Individual) Managing Partner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Foreman, Steve, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2019
Mailing Address 5320 Sombrero		<b>Transaction ID : INCA3577</b>
City Bow Mar	State CO	Zip Code 80123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) LK Capital	Occupation (for Individual) Managing Partner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Frankel, Charles, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2019
Mailing Address 2052 N Lincoln Park W Unit 614		<b>Transaction ID : INCA3132</b>
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Easy-Ware Corporation	Occupation (for Individual) Founder	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3564

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 219
	<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)  
**Unite America**

**A. Frankel, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2052 N Lincoln Park W  
 Unit 614  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Easy-Ware Corporation Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : INCA3115**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Frankel, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2052 N Lincoln Park W  
 Unit 614  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Easy-Ware Corporation Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 21 / 2019  
**Transaction ID : INCA3617**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Frankel, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2052 N Lincoln Park W  
 Unit 614  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Easy-Ware Corporation Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : INCA3643**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 43 OF 219
	<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)  
**Unite America**

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

Mailing Address 2052 N Lincoln Park W  
Unit 614

City Chicago State IL Zip Code 60614

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

Name of Employer (for Individual) Easy-Ware Corporation Occupation (for Individual) Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 21 / 2019  
**Transaction ID : INCA3668**

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 2052 N Lincoln Park W  
Unit 614

City Chicago State IL Zip Code 60614

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

Name of Employer (for Individual) Easy-Ware Corporation Occupation (for Individual) Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 21 / 2019  
**Transaction ID : INCA3766**

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 5993 Grand Pavilion Way

City Alexandria State VA Zip Code 22303

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

Name of Employer (for Individual) Independence Media Consulting, LLC Occupation (for Individual) Founder

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 14 / 2019  
**Transaction ID : INCA3136**

Amount of Each Receipt this Period 25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 44 OF 219
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Fuller, Jacqueline, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2019
Mailing Address 5993 Grand Pavilion Way		<b>Transaction ID : INCA3119</b>
City Alexandria	State VA	Zip Code 22303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Independence Media Consulting, LLC	Occupation (for Individual) Founder	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gail, Lenny, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2019
Mailing Address 50 East Washington, Suite 410		<b>Transaction ID : INCA3528</b>
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer (for Individual) Massey & Gail LLP	Occupation (for Individual) Founding Partner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gail, Lenny, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2019
Mailing Address 50 East Washington, Suite 410		<b>Transaction ID : INCA3495</b>
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Massey & Gail LLP	Occupation (for Individual) Founding Partner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3528

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Gerstle, Claude, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7749 Villa D Este Way  
 City Delray Beach State FL Zip Code 33446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 21 / 2019**  
**Transaction ID : INCA3573**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Gilchrist, Corydon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2090 Island Lane  
 City Evergreen State CO Zip Code 80439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **07 / 05 / 2019**  
**Transaction ID : INCA3492**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Gilchrist, Corydon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2090 Island Lane  
 City Evergreen State CO Zip Code 80439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **07 / 05 / 2019**  
**Transaction ID : INCA3529**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 25300.00  
**TOTAL** This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3529

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 219
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Godfrey, Judith, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2019		
Mailing Address 237 4th Range Road			<b>Transaction ID : INCA3105</b>		
City Pembroke	State NH	Zip Code 3275	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Godfrey, Judith, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2019		
Mailing Address 237 4th Range Road			<b>Transaction ID : INCA3097</b>		
City Pembroke	State NH	Zip Code 3275	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Godfrey, Judith, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2019		
Mailing Address 237 4th Range Road			<b>Transaction ID : INCA3704</b>		
City Pembroke	State NH	Zip Code 3275	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 237 4th Range Road

City Pembroke	State NH	Zip Code 3275
------------------	-------------	------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2019

**Transaction ID : INCA3723**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 237 4th Range Road

City Pembroke	State NH	Zip Code 3275
------------------	-------------	------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2019

**Transaction ID : INCA3739**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 237 4th Range Road

City Pembroke	State NH	Zip Code 3275
------------------	-------------	------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2019

**Transaction ID : INCA3752**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF 219 (check only one)
	<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)  
**Unite America**

**A. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2019  
**Transaction ID : INCA4909**  
 Amount of Each Receipt this Period  
 9.00  
 Memo Item

**B. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2019  
**Transaction ID : INCA4920**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2019  
**Transaction ID : INCA4930**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 219
	<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)  
**Unite America**

**A. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **09 / 17 / 2019**  
**Transaction ID : INCA4939**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **11 / 09 / 2019**  
**Transaction ID : INCA4952**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**C. Gordon, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Cimmabar Drive  
 City La Mesa State CA Zip Code 91941-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **12 / 15 / 2019**  
**Transaction ID : INCA4967**  
 Amount of Each Receipt this Period 8.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**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 52 OF 219
	<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)  
**Unite America**

**A. Hanlon, J Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 235  
 City Thetford Center State VT Zip Code 05075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2019**  
**Transaction ID : INCA3502**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Harkonen, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Pin Oak Trail  
 City Madison State WI Zip Code 53717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 12 / 2019**  
**Transaction ID : INCA3108**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Harkonen, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Pin Oak Trail  
 City Madison State WI Zip Code 53717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 12 / 2019**  
**Transaction ID : INCA3100**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 219 (check only one)
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Harkonen, James, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2019 <b>Transaction ID : INCA3710</b>		
Mailing Address 18 Pin Oak Trail			Amount of Each Receipt this Period 50.00		
City Madison	State WI	Zip Code 53717	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Harkonen, James, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 12 / 2019 <b>Transaction ID : INCA3727</b>		
Mailing Address 18 Pin Oak Trail			Amount of Each Receipt this Period 50.00		
City Madison	State WI	Zip Code 53717	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Harkonen, James, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 12 / 2019 <b>Transaction ID : INCA3741</b>		
Mailing Address 18 Pin Oak Trail			Amount of Each Receipt this Period 50.00		
City Madison	State WI	Zip Code 53717	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 219
	<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)  
**Unite America**

**A. Harkonen, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 18 Pin Oak Trail

City Madison	State WI	Zip Code 53717
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2019

**Transaction ID : INCA3607**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Haughey, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 95 Bulkley Avenue

City Sausalito	State CA	Zip Code 94965
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2019

**Transaction ID : INCA4906**

Amount of Each Receipt this Period  
9.00

Memo Item

**C. Haughey, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 95 Bulkley Avenue

City Sausalito	State CA	Zip Code 94965
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2019

**Transaction ID : INCA4917**

Amount of Each Receipt this Period  
20.18

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 219
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 95 Bulkley Avenue

City Sausalito	State CA	Zip Code 94965
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2019

**Transaction ID : INCA4927**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 95 Bulkley Avenue

City Sausalito	State CA	Zip Code 94965
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2019

**Transaction ID : INCA4936**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 95 Bulkley Avenue

City Sausalito	State CA	Zip Code 94965
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2019

**Transaction ID : INCA4948**

Amount of Each Receipt this Period  
7.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 219
<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)  
**Unite America**

**A. Haughey, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Bulkley Avenue  
 City Sausalito State CA Zip Code 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kilpatrick Townsend & Stockton Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.62

Date of Receipt **12 / 14 / 2019**  
**Transaction ID : INCA4964**  
 Amount of Each Receipt this Period 8.00  
 Memo Item

**B. Holloway, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2770 State University Drive  
 City Fort Valley State GA Zip Code 31030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARH editing & consulting Occupation (for Individual) Owner, Editor, ghost writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 19 / 2019**  
**Transaction ID : INCA3106**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Holloway, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2770 State University Drive  
 City Fort Valley State GA Zip Code 31030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARH editing & consulting Occupation (for Individual) Owner, Editor, ghost writer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **08 / 19 / 2019**  
**Transaction ID : INCA3098**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 219
	<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

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)  
**Unite America**

**A. Holloway, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2770 State University Drive  
 City Fort Valley State GA Zip Code 31030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARH editing & consulting Occupation (for Individual) Owner, Editor, ghost writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2019  
**Transaction ID : INCA3708**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Holloway, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2770 State University Drive  
 City Fort Valley State GA Zip Code 31030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARH editing & consulting Occupation (for Individual) Owner, Editor, ghost writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2019  
**Transaction ID : INCA3725**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Jandl, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3001 Telegraph Avenue Apt 308  
 City Berkeley State CA Zip Code 94705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kognitiv Occupation (for Individual) Software Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt 07 / 30 / 2019  
**Transaction ID : INCA3441**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.18  
**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 58 OF 219
	<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)  
**Unite America**

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

Mailing Address 3001 Telegraph Avenue  
Apt 308

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

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

Name of Employer (for Individual) Kognitiv	Occupation (for Individual) Software Consultant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

**Transaction ID : INCA3715**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 3001 Telegraph Avenue  
Apt 308

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

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

Name of Employer (for Individual) Kognitiv	Occupation (for Individual) Software Consultant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : INCA3744**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 3001 Telegraph Avenue  
Apt 308

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

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

Name of Employer (for Individual) Kognitiv	Occupation (for Individual) Software Consultant
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
242.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2019

**Transaction ID : INCA3716**

Amount of Each Receipt this Period  
20.18

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 219
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jandl, Luke, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2019
Mailing Address 3001 Telegraph Avenue Apt 308			<b>Transaction ID : INCA3769</b>
City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 20.18
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kognitiv		Occupation (for Individual) Software Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.16		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jandl, Luke, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2019
Mailing Address 3001 Telegraph Avenue Apt 308			<b>Transaction ID : INCA3760</b>
City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 20.18
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kognitiv		Occupation (for Individual) Software Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.16		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kaplan, Ron, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2019
Mailing Address 7612 Exeter Road			<b>Transaction ID : INCA3566</b>
City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Fivesquares Development		Occupation (for Individual) Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 OF 219 (check only one)
	<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)  
**Unite America**

**A. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **07 / 17 / 2019**  
**Transaction ID : INCA3077**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **08 / 17 / 2019**  
**Transaction ID : INCA3068**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **09 / 17 / 2019**  
**Transaction ID : INCA3588**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 219
<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)  
**Unite America**

**A. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 17 / 2019  
**Transaction ID : INCA3593**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 17 / 2019  
**Transaction ID : INCA3599**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. King, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1087 E 255 S  
 City Layton State UT Zip Code 84041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atomics Systems Integration Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 17 / 2019  
**Transaction ID : INCA3606**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 62 OF 219
	<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)  
**Unite America**

**A. Kling, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 Chiltern Road  
 City Hillsborough State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Facebook Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 10 / 11 / 2019  
**Transaction ID : INCA3645**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Kling, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 Chiltern Road  
 City Hillsborough State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Facebook Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 11 / 11 / 2019  
**Transaction ID : INCA3655**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Kling, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 Chiltern Road  
 City Hillsborough State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Facebook Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 12 / 11 / 2019  
**Transaction ID : INCA3669**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Klivan, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 7th Avenue Apt 10A  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 08 / 2019  
**Transaction ID : INCA3490**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Klivan, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 7th Avenue Apt 10A  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 08 / 2019  
**Transaction ID : INCA3540**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 21 / 2019  
**Transaction ID : INCA3103**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10050.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3540

Non-Contribution Account

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 219
	<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)  
**Unite America**

**A. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 08 / 21 / 2019  
**Transaction ID : INCA3095**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 09 / 21 / 2019  
**Transaction ID : INCA3701**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 10 / 21 / 2019  
**Transaction ID : INCA3718**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 219
	<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)  
**Unite America**

**A. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2019  
**Transaction ID : INCA3735**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Knecht, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6727 W Corrine Drive  
 City Peoria State AZ Zip Code 85381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AZ School Boards Association Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2019  
**Transaction ID : INCA3747**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kraushaar, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 S La Peer Drive  
 City Beverly Hills State CA Zip Code 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buxbaum HCS Occupation (for Individual) Accounting Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2019  
**Transaction ID : INCA3437**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 219
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kraushaar, Harry, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2019
Mailing Address 309 S La Peer Drive		<b>Transaction ID : INCA3165</b>
City Beverly Hills	State CA	Zip Code 90211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Buxbaum HCS	Occupation (for Individual) Accounting Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kraushaar, Harry, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2019
Mailing Address 309 S La Peer Drive		<b>Transaction ID : INCA3771</b>
City Beverly Hills	State CA	Zip Code 90211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Buxbaum HCS	Occupation (for Individual) Accounting Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kraushaar, Harry, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2019
Mailing Address 309 S La Peer Drive		<b>Transaction ID : INCA3776</b>
City Beverly Hills	State CA	Zip Code 90211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Buxbaum HCS	Occupation (for Individual) Accounting Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 219
<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)  
**Unite America**

**A. Kraushaar, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 S La Peer Drive  
 City Beverly Hills State CA Zip Code 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buxbaum HCS Occupation (for Individual) Accounting Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 28 / 2019**  
**Transaction ID : INCA3800**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kraushaar, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 S La Peer Drive  
 City Beverly Hills State CA Zip Code 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buxbaum HCS Occupation (for Individual) Accounting Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 28 / 2019**  
**Transaction ID : INCA3795**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Kwok, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8325 Singing Hills Trail  
 City Santa Rosa State CA Zip Code 95404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **07 / 25 / 2019**  
**Transaction ID : INCA3442**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 219
<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kwok, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2019
Mailing Address 8325 Singing Hills Trail		<b>Transaction ID : INCA3155</b>
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.18
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Architect	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.16	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kwok, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2019
Mailing Address 8325 Singing Hills Trail		<b>Transaction ID : INCA3798</b>
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.18
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Architect	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.16	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kwok, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 25 / 2019
Mailing Address 8325 Singing Hills Trail		<b>Transaction ID : INCA3719</b>
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.18
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Architect	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 242.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 219
<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)  
**Unite America**

**A. Kwok, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8325 Singing Hills Trail  
 City Santa Rosa State CA Zip Code 95404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **11 / 25 / 2019**  
**Transaction ID : INCA3751**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Kwok, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8325 Singing Hills Trail  
 City Santa Rosa State CA Zip Code 95404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **12 / 25 / 2019**  
**Transaction ID : INCA3762**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Levy, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Carlisle St Apt 1603  
 City Dallas State TX Zip Code 75204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 31 / 2019**  
**Transaction ID : INCA3575**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 340.36  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 1117 Forest Avenue

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2019

**Transaction ID : INCA3625**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 1117 Forest Avenue

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2019

**Transaction ID : INCA3636**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 1117 Forest Avenue

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

**Transaction ID : INCA3673**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 219
	<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)  
**Unite America**

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

Mailing Address 1117 Forest Avenue

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2019

**Transaction ID : INCA3659**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 159 Lariat Loop

City Orville	State CA	Zip Code 95966
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LaDivini Sales Management	Occupation (for Individual) Owner and Director Of Sales
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2019

**Transaction ID : INCA3444**

Amount of Each Receipt this Period  
20.18

Memo Item

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

Mailing Address 159 Lariat Loop

City Orville	State CA	Zip Code 95966
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LaDivini Sales Management	Occupation (for Individual) Owner and Director Of Sales
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
242.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2019

**Transaction ID : INCA3157**

Amount of Each Receipt this Period  
20.18

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.69
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 219
	<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)  
**Unite America**

**A. Lynne, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Lariat Loop  
 City Oroville State CA Zip Code 95966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaDivini Sales Management Occupation (for Individual) Owner and Director Of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt 09 / 18 / 2019  
**Transaction ID : INCA3711**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Lynne, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Lariat Loop  
 City Oroville State CA Zip Code 95966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaDivini Sales Management Occupation (for Individual) Owner and Director Of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt 10 / 18 / 2019  
**Transaction ID : INCA3748**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Lynne, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Lariat Loop  
 City Oroville State CA Zip Code 95966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaDivini Sales Management Occupation (for Individual) Owner and Director Of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt 11 / 18 / 2019  
**Transaction ID : INCA3756**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 219
	<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)  
**Unite America**

**A. Lynne, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Lariat Loop  
 City Oroville State CA Zip Code 95966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaDivini Sales Management Occupation (for Individual) Owner and Director Of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.16

Date of Receipt **12 / 18 / 2019**  
**Transaction ID : INCA3765**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Manganello, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Musquash Road  
 City Hudson State NH Zip Code 03051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 07 / 2019**  
**Transaction ID : INCA3572**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. McConnell, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5150 Duke Ellington Way #404  
 City Las Vegas State NV Zip Code 89119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 23 / 2019**  
**Transaction ID : INCA3569**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1520.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 219
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2019

**Transaction ID : INCA3131**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2019

**Transaction ID : INCA3114**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2019

**Transaction ID : INCA3615**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 219
	<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)  
**Unite America**

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2019

**Transaction ID : INCA3641**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

**Transaction ID : INCA3666**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 927 Lincoln Avenue

City St Paul	State MN	Zip Code 55105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2019

**Transaction ID : INCA3764**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 219
	<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)  
**Unite America**

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2019

**Transaction ID : INCA3133**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2019

**Transaction ID : INCA3116**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2019

**Transaction ID : INCA3619**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 219
	<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)  
**Unite America**

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2019

**Transaction ID : INCA3646**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2019

**Transaction ID : INCA3670**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2585 Manzanita Lane

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2019

**Transaction ID : INCA3768**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 219
	<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)  
**Unite America**

**A. Murdoch, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Lafayette Street  
 City New York State NY Zip Code 10012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quadrivium Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3812000.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : INCA3537**  
 Amount of Each Receipt this Period 2162000.00  
 Memo Item

**B. Neading, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211-22nd Street Nw  
 City Canton State OH Zip Code 44709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : INCA3064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Parker, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Country Club Prado  
 City Coral Gables State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 773.97

Date of Receipt 07 / 14 / 2019  
**Transaction ID : INCA4905**  
 Amount of Each Receipt this Period 9.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2162259.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3537

Non-Contribution Account

Form/Schedule:

Transaction ID:



**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 81 OF 219
<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)  
**Unite America**

**A. Parker, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Country Club Prado  
 City Coral Gables State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **773.97**

Date of Receipt **08 / 08 / 2019**  
**Transaction ID : INCA4916**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Parker, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Country Club Prado  
 City Coral Gables State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **773.97**

Date of Receipt **08 / 17 / 2019**  
**Transaction ID : INCA4926**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Parker, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Country Club Prado  
 City Coral Gables State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **773.97**

Date of Receipt **09 / 14 / 2019**  
**Transaction ID : INCA4935**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 219
	<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)  
**Unite America**

**A. Parker, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1200 Country Club Prado  
City Coral Gables State FL Zip Code 33134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 773.97

Date of Receipt 10 / 14 / 2019  
**Transaction ID : INCA4947**  
Amount of Each Receipt this Period 7.00  
 Memo Item

**B. Parker, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1200 Country Club Prado  
City Coral Gables State FL Zip Code 33134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Tuuci, LLC Occupation (for Individual) Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 773.97

Date of Receipt 12 / 13 / 2019  
**Transaction ID : INCA4963**  
Amount of Each Receipt this Period 8.00  
 Memo Item

**C. Poland, Bill, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2 Henry Adams Street Suite 2m33  
City San Francisco State CA Zip Code 94103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self Employed Occupation (for Individual) Real Estate  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2019  
**Transaction ID : INCA3571**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 515.00  
**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 83 OF 219
	<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)  
**Unite America**

**A. Powell, Quincy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6106 NE 192nd Place Apt 4

City Kenmore	State WA	Zip Code 98028
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Cochran Inc.	Occupation (for Individual) IT Support Specialist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.97

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2019  
**Transaction ID : INCA3085**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Powell, Quincy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6106 NE 192nd Place Apt 4

City Kenmore	State WA	Zip Code 98028
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Cochran Inc.	Occupation (for Individual) IT Support Specialist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.97

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2019  
**Transaction ID : INCA3082**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Powell, Quincy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6106 NE 192nd Place Apt 4

City Kenmore	State WA	Zip Code 98028
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Cochran Inc.	Occupation (for Individual) IT Support Specialist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
749.97

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2019  
**Transaction ID : INCA3627**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Powell, Quincy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6106 NE 192nd Place Apt 4  
 City Kenmore State WA Zip Code 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cochran Inc. Occupation (for Individual) IT Support Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2019  
**Transaction ID : INCA3638**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Powell, Quincy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6106 NE 192nd Place Apt 4  
 City Kenmore State WA Zip Code 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cochran Inc. Occupation (for Individual) IT Support Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2019  
**Transaction ID : INCA3647**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Powell, Quincy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6106 NE 192nd Place Apt 4  
 City Kenmore State WA Zip Code 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cochran Inc. Occupation (for Individual) IT Support Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2019  
**Transaction ID : INCA3661**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 219
	<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)  
**Unite America**

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

Mailing Address 3702 Mount Sandy Drive

City San Diego	State CA	Zip Code 92117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intuit	Occupation (for Individual) Sr. Product Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

**Transaction ID : INCA3130**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3702 Mount Sandy Drive

City San Diego	State CA	Zip Code 92117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Intuit	Occupation (for Individual) Sr. Product Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

**Transaction ID : INCA3113**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3702 Mount Sandy Drive

City San Diego	State CA	Zip Code 92117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Intuit	Occupation (for Individual) Sr. Product Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2019

**Transaction ID : INCA3613**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 219
	<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)  
**Unite America**

**A. Sabins, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Mount Sandy Drive  
 City San Diego State CA Zip Code 92117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intuit Occupation (for Individual) Sr. Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2019  
**Transaction ID : INCA3639**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Sabins, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Mount Sandy Drive  
 City San Diego State CA Zip Code 92117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intuit Occupation (for Individual) Sr. Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2019  
**Transaction ID : INCA3664**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sabins, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Mount Sandy Drive  
 City San Diego State CA Zip Code 92117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intuit Occupation (for Individual) Sr. Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2019  
**Transaction ID : INCA3690**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sawhney, LisAnne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2019		
Mailing Address 5 Marietta Court			<b>Transaction ID : INCA3102</b>		
City Seaside	State CA	Zip Code 93955	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) HLS Consulting		Occupation (for Individual) Human Resources Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sawhney, LisAnne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2019		
Mailing Address 5 Marietta Court			<b>Transaction ID : INCA3094</b>		
City Seaside	State CA	Zip Code 93955	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) HLS Consulting		Occupation (for Individual) Human Resources Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sawhney, LisAnne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2019		
Mailing Address 5 Marietta Court			<b>Transaction ID : INCA3698</b>		
City Seaside	State CA	Zip Code 93955	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) HLS Consulting		Occupation (for Individual) Human Resources Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 5 Marietta Court

City Seaside	State CA	Zip Code 93955
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HLS Consulting	Occupation (for Individual) Human Resources Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2019

**Transaction ID : INCA3717**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 5 Marietta Court

City Seaside	State CA	Zip Code 93955
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HLS Consulting	Occupation (for Individual) Human Resources Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2019

**Transaction ID : INCA3733**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 5 Marietta Court

City Seaside	State CA	Zip Code 93955
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HLS Consulting	Occupation (for Individual) Human Resources Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2019

**Transaction ID : INCA3745**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 8 Old Hunt Road

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CIBC	Occupation (for Individual) Investments
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : INCA3565**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 8 Old Hunt Road

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CIBC	Occupation (for Individual) Investments
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2019

**Transaction ID : INCA3568**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 8 Old Hunt Road

City Northfield	State IL	Zip Code 60093
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CIBC	Occupation (for Individual) Investments
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

**Transaction ID : INCA3570**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 219
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Shaich, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Prescott Street  
 City Brookline State CA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Restaurant Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175000.00

Date of Receipt 12 / 05 / 2019  
**Transaction ID : INCA3501**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Shaich, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Prescott Street  
 City Brookline State CA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Restaurant Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175000.00

Date of Receipt 12 / 05 / 2019  
**Transaction ID : INCA3553**  
 Amount of Each Receipt this Period 170000.00  
 Memo Item

**C. Shaw, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17501 NE 72nd Street  
 City Vancouver State WA Zip Code 98682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 222.09

Date of Receipt 07 / 26 / 2019  
**Transaction ID : INCA3149**  
 Amount of Each Receipt this Period 20.19  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175020.19
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3553

Non-Contribution Account

Form/Schedule:

Transaction ID:

**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 92 OF 219
	<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

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)  
**Unite America**

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

Mailing Address 17501 NE 72nd Street

City Vancouver	State WA	Zip Code 98682
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

**Transaction ID : INCA3143**

Amount of Each Receipt this Period  
20.19

Memo Item

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

Mailing Address 17501 NE 72nd Street

City Vancouver	State WA	Zip Code 98682
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2019

**Transaction ID : INCA3787**

Amount of Each Receipt this Period  
20.19

Memo Item

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

Mailing Address 17501 NE 72nd Street

City Vancouver	State WA	Zip Code 98682
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
222.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2019

**Transaction ID : INCA3792**

Amount of Each Receipt this Period  
20.19

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 17501 NE 72nd Street

City Vancouver	State WA	Zip Code 98682
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2019

**Transaction ID : INCA3724**

Amount of Each Receipt this Period  
20.19

Memo Item

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

Mailing Address 17501 NE 72nd Street

City Vancouver	State WA	Zip Code 98682
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2019

**Transaction ID : INCA3736**

Amount of Each Receipt this Period  
20.19

Memo Item

**c. Sherrill, Gregg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 North Field Drive

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Tenneco, Inc.	Occupation (for Individual) Executive Chairman
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2019

**Transaction ID : INCA3530**

Amount of Each Receipt this Period  
45000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45040.38
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3530

Non-Contribution Account

Form/Schedule:

Transaction ID:

**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 95 OF 219
	<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)  
**Unite America**

**A. Sherrill, Gregg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 North Field Drive  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tenneco, Inc. Occupation (for Individual) Executive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 09 / 2019  
**Transaction ID : INCA3494**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Short, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3865 Rockingham Place  
 City Riverside State CA Zip Code 92504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moreno Valley Public Library Occupation (for Individual) Library Associate II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 05 / 2019  
**Transaction ID : INCA3140**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Short, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3865 Rockingham Place  
 City Riverside State CA Zip Code 92504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moreno Valley Public Library Occupation (for Individual) Library Associate II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 05 / 2019  
**Transaction ID : INCA3125**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

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

Mailing Address 3865 Rockingham Place

City Riverside	State CA	Zip Code 92504
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Moreno Valley Public Library	Occupation (for Individual) Library Associate II
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2019

**Transaction ID : INCA3632**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3865 Rockingham Place

City Riverside	State CA	Zip Code 92504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moreno Valley Public Library	Occupation (for Individual) Library Associate II
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2019

**Transaction ID : INCA3658**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3865 Rockingham Place

City Riverside	State CA	Zip Code 92504
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Moreno Valley Public Library	Occupation (for Individual) Library Associate II
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2019

**Transaction ID : INCA3686**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 219
	<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)  
**Unite America**

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

Mailing Address 3865 Rockingham Place

City Riverside	State CA	Zip Code 92504
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Moreno Valley Public Library	Occupation (for Individual) Library Associate II
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2019

**Transaction ID : INCA3786**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 81 Chambers Street

City Princeton	State NJ	Zip Code 08542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Westland Adventures	Occupation (for Individual) Founder
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

**Transaction ID : INCA3545**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 81 Chambers Street

City Princeton	State NJ	Zip Code 08542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Westland Adventures	Occupation (for Individual) Founder
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

**Transaction ID : INCA3499**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10025.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3545

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Speirn, Sterling, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Connecticut Avenue Nw #54  
 City Washington State DC Zip Code 20008-1757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Conference on Citizenship Occupation (for Individual) Nonprofit Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 06 / 2019**  
**Transaction ID : INCA3574**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Sprout, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10869 Evergold Way  
 City Highlands Ranch State CO Zip Code 80126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Evergreen Dental Group Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 23 / 2019**  
**Transaction ID : INCA3065**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Tharp, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Fontenay Circle  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rivendell Behavioral Health Services Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **07 / 26 / 2019**  
**Transaction ID : INCA3076**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 219
	<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)  
**Unite America**

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

Mailing Address 34 Fontenay Circle

City Little Rock	State AR	Zip Code 72223
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rivendell Behavioral Health Services	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

**Transaction ID : INCA3067**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 34 Fontenay Circle

City Little Rock	State AR	Zip Code 72223
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rivendell Behavioral Health Services	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2019

**Transaction ID : INCA3586**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 34 Fontenay Circle

City Little Rock	State AR	Zip Code 72223
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rivendell Behavioral Health Services	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2019

**Transaction ID : INCA3591**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 219
	<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Tharp, Gary, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2019
Mailing Address 34 Fontenay Circle			<b>Transaction ID : INCA3597</b>
City Little Rock	State AR	Zip Code 72223	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Rivendell Behavioral Health Services		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tharp, Gary, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2019
Mailing Address 34 Fontenay Circle			<b>Transaction ID : INCA3605</b>
City Little Rock	State AR	Zip Code 72223	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Rivendell Behavioral Health Services		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thielmann, Spencer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2019
Mailing Address 4815 W 63rd Terrace			<b>Transaction ID : INCA3086</b>
City Prairie Village	State KS	Zip Code 66208	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) The Wilshire Group Associates		Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 219
	<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)  
**Unite America**

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

Mailing Address 4815 W 63rd Terrace

City Prairie Village	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Wilshire Group Associates	Occupation (for Individual) Vice President of Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
08 / 23 / 2019  
**Transaction ID : INCA3083**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 4815 W 63rd Terrace

City Prairie Village	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Wilshire Group Associates	Occupation (for Individual) Vice President of Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
09 / 23 / 2019  
**Transaction ID : INCA3629**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 4815 W 63rd Terrace

City Prairie Village	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Wilshire Group Associates	Occupation (for Individual) Vice President of Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
10 / 23 / 2019  
**Transaction ID : INCA3640**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 219
	<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)  
**Unite America**

**A. Thielmann, Spencer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4815 W 63rd Terrace  
 City Prairie Village State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Wilshire Group Associates Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **11 / 23 / 2019**  
**Transaction ID : INCA3649**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Thielmann, Spencer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4815 W 63rd Terrace  
 City Prairie Village State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Wilshire Group Associates Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **12 / 23 / 2019**  
**Transaction ID : INCA3663**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Thomas, Owen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Elm Rock Road  
 City Bronxville State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Properties Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 14900.00

Date of Receipt **08 / 21 / 2019**  
**Transaction ID : INCA3497**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5166.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 219
	<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)  
**Unite America**

**A. Thomas, Owen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Elm Rock Road  
 City Bronxville State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Properties Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14900.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : INCA3536**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. Tidball, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3208 State Route 89  
 City Seneca Falls State NY Zip Code 13148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornell University Occupation (for Individual) Senior Extension Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 31 / 2019  
**Transaction ID : INCA3127**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Tidball, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3208 State Route 89  
 City Seneca Falls State NY Zip Code 13148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornell University Occupation (for Individual) Senior Extension Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 31 / 2019  
**Transaction ID : INCA3635**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 10050.00  
**TOTAL** This Period (last page this line number only).....▶



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3536

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 219
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **07 / 07 / 2019**  
**Transaction ID : INCA3446**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **08 / 07 / 2019**  
**Transaction ID : INCA3440**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **09 / 07 / 2019**  
**Transaction ID : INCA3713**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.54  
**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 107 OF 219
	<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)  
**Unite America**

**A. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **10 / 07 / 2019**  
**Transaction ID : INCA3750**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**B. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **11 / 07 / 2019**  
**Transaction ID : INCA3758**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**C. Warsaw, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Marvin Road  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Software  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.34

Date of Receipt **12 / 07 / 2019**  
**Transaction ID : INCA3767**  
 Amount of Each Receipt this Period 20.18  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.54  
**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 108 OF 219
	<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)  
**Unite America**

**A. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 06 / 2019**  
**Transaction ID : INCA3138**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 06 / 2019**  
**Transaction ID : INCA3123**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 06 / 2019**  
**Transaction ID : INCA3628**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 219
<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)  
**Unite America**

**A. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 06 / 2019**  
**Transaction ID : INCA3654**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 06 / 2019**  
**Transaction ID : INCA3681**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Westerby, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4796 Bonita Bay Drive  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 06 / 2019**  
**Transaction ID : INCA3782**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 219
	<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)  
**Unite America**

**A. Young, Colston, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 Hunt Ridge Road, Apt 3131  
 City Baltimore State MD Zip Code 21210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whiteboot Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 07 / 09 / 2019  
**Transaction ID : INCA3531**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. Young, Colston, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 Hunt Ridge Road, Apt 3131  
 City Baltimore State MD Zip Code 21210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whiteboot Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 07 / 09 / 2019  
**Transaction ID : INCA3493**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Zahner, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 Underwood Street  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Dept. Occupation (for Individual) Foreign Service Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 474.00

Date of Receipt 07 / 14 / 2019  
**Transaction ID : INCA4904**  
 Amount of Each Receipt this Period 9.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15009.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3531

Non-Contribution Account

Form/Schedule:

Transaction ID:

**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 112 OF 219
<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)  
**Unite America**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zahner, Luke, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2019
Mailing Address 4010 Underwood Street		<b>Transaction ID : INCA4915</b>
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) State Dept.	Occupation (for Individual) Foreign Service Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zahner, Luke, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 16 / 2019
Mailing Address 4010 Underwood Street		<b>Transaction ID : INCA4925</b>
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) State Dept.	Occupation (for Individual) Foreign Service Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Zahner, Luke, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2019
Mailing Address 4010 Underwood Street		<b>Transaction ID : INCA4934</b>
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) State Dept.	Occupation (for Individual) Foreign Service Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 474.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 219
	<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)  
**Unite America**

**A. Zahner, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 Underwood Street  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Dept. Occupation (for Individual) Foreign Service Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 474.00

Date of Receipt **10 / 14 / 2019**  
**Transaction ID : INCA4946**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**B. Zahner, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 Underwood Street  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Dept. Occupation (for Individual) Foreign Service Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 474.00

Date of Receipt **12 / 13 / 2019**  
**Transaction ID : INCA4962**  
 Amount of Each Receipt this Period 8.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	2517857.82

**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 114 OF 219
<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)  
**Unite America**

**A. Unite America Election Fund**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6000 E Evans Avenue, Suite 1-121

City Denver	State CO	Zip Code 80222
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637314

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
103604.16

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2019

**Transaction ID : INCA3471**

Amount of Each Receipt this Period  
43604.16

Memo Item

**B. Unite Virginia**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3415 14th St. S

City Arlington	State VA	Zip Code 22204
-------------------	-------------	-------------------

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 ▼  
70000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : INCA3532**

Amount of Each Receipt this Period  
70000.00

Memo Item

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	113604.16
<b>TOTAL</b> This Period (last page this line number only).....	113604.16

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA3471

Non-Contribution Account

Form/Schedule: SA11C

Transaction ID: INCA3532

Non-Contribution Account

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

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

FOR LINE NUMBER: PAGE 116 OF 219  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Donor Stack, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Clay Street, Suite 300  
 City Oakland State CA Zip Code 94607  
 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 ▼  
 2414.59

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : INCA4851**  
 Amount of Each Receipt this Period  
 2414.59  
 Memo Item  
 Voiced checks

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2414.59
<b>TOTAL</b> This Period (last page this line number only).....▶	2414.59

**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 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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Donor Stack, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2019	
Mailing Address 312 Clay Street, Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3063</b> Amount of Each Disbursement this Period [REDACTED] 2172.67	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Software			
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>B. Donor Stack, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2019	
Mailing Address 312 Clay Street, Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3539</b> Amount of Each Disbursement this Period [REDACTED] 654.07	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Software			
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>C. Donor Stack, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2019	
Mailing Address 312 Clay Street, Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3470</b> Amount of Each Disbursement this Period [REDACTED] 99.00	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Software			
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2925.74
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Donor Stack, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2019	
Mailing Address 312 Clay Street, Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3469</b>	
City Oakland	State CA	Zip Code 94607	Amount of Each Disbursement this Period 99.00
Purpose of Disbursement Software		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Donor Stack, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2019	
Mailing Address 312 Clay Street, Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3468</b>	
City Oakland	State CA	Zip Code 94607	Amount of Each Disbursement this Period 775.32
Purpose of Disbursement Software		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Doubek, Madeleine, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019	
Mailing Address 233 N. Michigan Ave, Suite 1800		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3554</b>	
City Chicago	State IL	Zip Code 60601	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Travel reimbursement		Category/ Type 002	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1374.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Johnson, Kavon, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2019
Mailing Address 6040 Center Drive, Apt 107		FEC Identification Number C <b>Transaction ID : EXPB3527</b> Amount of Each Disbursement this Period 2600.00
City Los Angeles	State CA	
Purpose of Disbursement Graphic design work and marketing support	Zip Code 90045	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Massey, Jeanne, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2019
Mailing Address 550 Vandalia St. #210		FEC Identification Number C <b>Transaction ID : EXPB3555</b> Amount of Each Disbursement this Period 500.00
City St. Paul	State MN	
Purpose of Disbursement Travel reimbursement	Zip Code 55114	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C <b>Transaction ID : EXPB3505</b> Amount of Each Disbursement this Period 330.54
City Denver	State CO	
Purpose of Disbursement Reimbursement for ground transportation	Zip Code 80203	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3430.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Fundraising event

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3507**

Amount of Each Disbursement this Period

[REDACTED] 359.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Web hosting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3503**

Amount of Each Disbursement this Period

[REDACTED] 50.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3488**

Amount of Each Disbursement this Period

[REDACTED] 446.84

Memo Item

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

[REDACTED] 856.66

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Office expenses

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3486

Amount of Each Disbursement this Period

[REDACTED] 53.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3484

Amount of Each Disbursement this Period

[REDACTED] 4468.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Reimbursement for meals

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3509

Amount of Each Disbursement this Period

[REDACTED] 376.87

Memo Item

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

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

[REDACTED] 4898.76

[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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3525**

Amount of Each Disbursement this Period

[REDACTED] 56453.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Online advertising

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3511**

Amount of Each Disbursement this Period

[REDACTED] 545.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB3523**

Amount of Each Disbursement this Period

[REDACTED] 6151.93

Memo Item

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

[REDACTED] 63151.03

**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)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for hotel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB3517

Amount of Each Disbursement this Period: 1330.54

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Marketing consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB3521

Amount of Each Disbursement this Period: 3000.00

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB3513

Amount of Each Disbursement this Period: 1031.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5361.73

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	05	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3515

Amount of Each Disbursement this Period

[REDACTED] 1240.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Office expenses

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	05	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3519

Amount of Each Disbursement this Period

[REDACTED] 1702.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Polling and research

005

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4779

Amount of Each Disbursement this Period

[REDACTED] 38464.16

Memo Item

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

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

[REDACTED] 41407.42

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C <b>Transaction ID : EXPB4780</b> Amount of Each Disbursement this Period 12587.50 <input type="checkbox"/> Memo Item
City Denver	State CO	
Zip Code 80203	Category/ Type 001	
Purpose of Disbursement Legal services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C <b>Transaction ID : EXPB4842</b> Amount of Each Disbursement this Period 228.97 <input type="checkbox"/> Memo Item
City Denver	State CO	
Zip Code 80203	Category/ Type 001	
Purpose of Disbursement HR and benefits administration	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C <b>Transaction ID : EXPB4841</b> Amount of Each Disbursement this Period 1526.48 <input type="checkbox"/> Memo Item
City Denver	State CO	
Zip Code 80203	Category/ Type 001	
Purpose of Disbursement Committee staff	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)..... ▶

14342.95

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4853</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Office expenses	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 642.86
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 001	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4855</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Software	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 359.85
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 001	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4781</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Rent	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1248.98
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 001	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2251.69
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Reimbursement for transportation expenses

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4856

Amount of Each Disbursement this Period

[REDACTED] 2340.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Online advertising

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4854

Amount of Each Disbursement this Period

[REDACTED] 1181.08

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4782

Amount of Each Disbursement this Period

[REDACTED] 59248.86

Memo Item

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

[REDACTED] 62770.52

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	
Purpose of Disbursement Reimbursement for meals		<input type="checkbox"/> 002	FEC Identification Number C [REDACTED]
Candidate Name		Category/ Type	Transaction ID : <b>EXPB4858</b>
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>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	
Purpose of Disbursement Reimbursement for hotels		<input type="checkbox"/> 002	FEC Identification Number C [REDACTED]
Candidate Name		Category/ Type	Transaction ID : <b>EXPB4857</b>
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>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	
Purpose of Disbursement HR and benefits administration		<input type="checkbox"/> 001	FEC Identification Number C [REDACTED]
Candidate Name		Category/ Type	Transaction ID : <b>EXPB4783</b>
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			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12799.41
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Legal services	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : <b>EXPB4786</b> Amount of Each Disbursement this Period 4169.00 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Executive recruiter	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : <b>EXPB4784</b> Amount of Each Disbursement this Period 8333.00 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Polling and research	Candidate Name	Category/ Type 005
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Transaction ID : <b>EXPB4785</b> Amount of Each Disbursement this Period 3520.88 <input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16022.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Data sharing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2019

FEC Identification Number: C

Transaction ID : **EXPB3498**

Amount of Each Disbursement this Period: 900.00

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Executive recruiter

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4792**

Amount of Each Disbursement this Period: 8333.00

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Legal services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4788**

Amount of Each Disbursement this Period: 6000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15233.00

**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)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 22 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4789**

Amount of Each Disbursement this Period: 2056.45

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Web development

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 22 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4790**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Compliance services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 22 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4791**

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7556.45

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Reimbursement for airfare

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4787**

Amount of Each Disbursement this Period

[REDACTED] 454.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Reimbursement for meals

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4864**

Amount of Each Disbursement this Period

[REDACTED] 498.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4793**

Amount of Each Disbursement this Period

[REDACTED] 1248.98

Memo Item

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

[REDACTED] 2201.17

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4794**

Amount of Each Disbursement this Period

[REDACTED] 54735.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4795**

Amount of Each Disbursement this Period

[REDACTED] 9416.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4843**

Amount of Each Disbursement this Period

[REDACTED] 78.97

Memo Item

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

[REDACTED] 64231.48

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4872</b> Amount of Each Disbursement this Period [REDACTED] 322.74
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Fundraising events		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4809</b> Amount of Each Disbursement this Period [REDACTED] 1248.98
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Rent		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4810</b> Amount of Each Disbursement this Period [REDACTED] 53190.47
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Committee staff		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 54762.19
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Committee staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 31 / 2019

FEC Identification Number C

**Transaction ID : EXPB4844**

Amount of Each Disbursement this Period 776.47

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 31 / 2019

FEC Identification Number C

**Transaction ID : EXPB4871**

Amount of Each Disbursement this Period 1483.12

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for hotels

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 31 / 2019

FEC Identification Number C

**Transaction ID : EXPB4870**

Amount of Each Disbursement this Period 537.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2797.25

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement HR and benefits administration		Category/Type 001
Candidate Name		Transaction ID : <b>EXPB4811</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 14198.00
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>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Software		Category/Type 001
Candidate Name		Transaction ID : <b>EXPB4868</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 867.59
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>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for transportation expenses		Category/Type 002
Candidate Name		Transaction ID : <b>EXPB4862</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 3624.79
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)..... ▶

18690.38

**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)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement: Online advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4860**

Amount of Each Disbursement this Period: 1699.65

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement: Reimbursement for transportation expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4869**

Amount of Each Disbursement this Period: 2630.96

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement: Office expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4859**

Amount of Each Disbursement this Period: 576.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4907.43

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Office expenses	Candidate Name	Transaction ID : <b>EXPB4867</b>
Category/Type 001		Amount of Each Disbursement this Period 666.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for hotels	Candidate Name	Transaction ID : <b>EXPB4863</b>
Category/Type 002		Amount of Each Disbursement this Period 4056.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Software	Candidate Name	Transaction ID : <b>EXPB4861</b>
Category/Type 001		Amount of Each Disbursement this Period 344.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5067.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Communication consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4800**

Amount of Each Disbursement this Period: 100650.00

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Political consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4797**

Amount of Each Disbursement this Period: 32011.20

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for hotel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4866**

Amount of Each Disbursement this Period: 600.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 133261.98

**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)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Compliance services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2019

FEC Identification Number C

Transaction ID : EXPB4799

Amount of Each Disbursement this Period 500.00

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Reimbursement for transportation expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2019

FEC Identification Number C

Transaction ID : EXPB4865

Amount of Each Disbursement this Period 394.99

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Legal services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2019

FEC Identification Number C

Transaction ID : EXPB4798

Amount of Each Disbursement this Period 7052.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7947.65

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Fundraising consulting

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4796

Amount of Each Disbursement this Period

[REDACTED] 3750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Web development

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4801

Amount of Each Disbursement this Period

[REDACTED] 9917.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4846

Amount of Each Disbursement this Period

[REDACTED] 776.47

Memo Item

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

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

[REDACTED] 14443.47

[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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4845**

Amount of Each Disbursement this Period

[REDACTED] 116.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Political consulting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4806**

Amount of Each Disbursement this Period

[REDACTED] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Accounting services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4805**

Amount of Each Disbursement this Period

[REDACTED] 2756.70

Memo Item

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

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

[REDACTED] 17873.17

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4808</b> Amount of Each Disbursement this Period [REDACTED] 243.75
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Communication consulting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4804</b> Amount of Each Disbursement this Period [REDACTED] 8705.72
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Executive recruiter		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4807</b> Amount of Each Disbursement this Period [REDACTED] 6181.98
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Legal services		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 15131.45
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Fundraising consulting

003

Category/  
Type

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
10			15			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4802**

Amount of Each Disbursement this Period

[REDACTED] 4513.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Operational and administrative support

001

Category/  
Type

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
10			15			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4803**

Amount of Each Disbursement this Period

[REDACTED] 1200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
HR and benefits administration

001

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4847**

Amount of Each Disbursement this Period

[REDACTED] 80.92

Memo Item

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

[REDACTED] 5793.99

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Reimbursement for meals

002

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4877**

Amount of Each Disbursement this Period

[REDACTED] 394.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Committee staff

001

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4824**

Amount of Each Disbursement this Period

[REDACTED] 61092.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Rent

001

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4823**

Amount of Each Disbursement this Period

[REDACTED] 1248.98

Memo Item

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

[REDACTED] 62735.65

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4825</b> Amount of Each Disbursement this Period 13835.49
City Denver	State CO	Zip Code 80203
Purpose of Disbursement HR and benefits administration		Category/Type 001
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>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4876</b> Amount of Each Disbursement this Period 104.51
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for hotel		Category/Type 002
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>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4875</b> Amount of Each Disbursement this Period 939.68
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for transportation expenses		Category/Type 002
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14879.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Software

001

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4874**

Amount of Each Disbursement this Period

[REDACTED] 1046.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Office expenses

001

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4873**

Amount of Each Disbursement this Period

[REDACTED] 564.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Fundraising event

003

Category/  
Type

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
10			31			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4878**

Amount of Each Disbursement this Period

[REDACTED] 4064.07

Memo Item

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

[REDACTED] 5674.71

**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)	PAGE 148 OF 219
	<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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>31</td><td></td><td></td><td>2019</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			31			2019			
M	M	/	D	D	/	Y	Y	Y	Y													
10			31			2019																
Mailing Address 1580 Lincoln St, Suite 520																						
City Denver	State CO	Zip Code 80203																				
Purpose of Disbursement Committee staff		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">C</td> </tr> </table>	C																			
C																						
Candidate Name		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">001</td> </tr> </table> Category/ Type	001																			
001																						
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:	<table border="1" style="width:100%; text-align: right;"> <tr> <td style="font-size: 1.2em;">539.48</td> </tr> </table> Amount of Each Disbursement this Period		539.48																			
539.48																						
		<input type="checkbox"/> Memo Item																				

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>05</td><td></td><td></td><td>2019</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			05			2019			
M	M	/	D	D	/	Y	Y	Y	Y													
11			05			2019																
Mailing Address 1580 Lincoln St, Suite 520																						
City Denver	State CO	Zip Code 80203																				
Purpose of Disbursement Web development		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">C</td> </tr> </table>	C																			
C																						
Candidate Name		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">001</td> </tr> </table> Category/ Type	001																			
001																						
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:	<table border="1" style="width:100%; text-align: right;"> <tr> <td style="font-size: 1.2em;">11917.00</td> </tr> </table> Amount of Each Disbursement this Period		11917.00																			
11917.00																						
		<input type="checkbox"/> Memo Item																				

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>05</td><td></td><td></td><td>2019</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			05			2019			
M	M	/	D	D	/	Y	Y	Y	Y													
11			05			2019																
Mailing Address 1580 Lincoln St, Suite 520																						
City Denver	State CO	Zip Code 80203																				
Purpose of Disbursement Fundraising consulting		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">C</td> </tr> </table>	C																			
C																						
Candidate Name		<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">003</td> </tr> </table> Category/ Type	003																			
003																						
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:	<table border="1" style="width:100%; text-align: right;"> <tr> <td style="font-size: 1.2em;">3792.76</td> </tr> </table> Amount of Each Disbursement this Period		3792.76																			
3792.76																						
		<input type="checkbox"/> Memo Item																				

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="font-size: 1.2em;">16249.24</td> </tr> </table>	16249.24
16249.24		
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Political consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB4815

Amount of Each Disbursement this Period: 22178.03

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Communication consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB4814

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Compliance services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB4813

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 27678.03

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Political consulting

001

Category/  
Type

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
11			15			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4820**

Amount of Each Disbursement this Period

[REDACTED] 6388.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Legal services

001

Category/  
Type

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
11			15			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4819**

Amount of Each Disbursement this Period

[REDACTED] 1597.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Accounting services

001

Category/  
Type

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
11			15			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4822**

Amount of Each Disbursement this Period

[REDACTED] 2784.71

Memo Item

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

[REDACTED] 10770.75

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4821</b> Amount of Each Disbursement this Period 500.00
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Compliance services		Category/Type 001
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>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4818</b> Amount of Each Disbursement this Period 70083.33
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Polling and research		Category/Type 005
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>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 22 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4812</b> Amount of Each Disbursement this Period 8676.56
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Rent		Category/Type 001
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)..... ▶

79259.89

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4834</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Committee staff	Category/ Type 001	Amount of Each Disbursement this Period 60268.15
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4883</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for meals	Category/ Type 002	Amount of Each Disbursement this Period 626.06
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4884</b>
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Online advertising	Category/ Type 001	Amount of Each Disbursement this Period 929.40
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

61823.61

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Office expenses	Candidate Name	Transaction ID : <b>EXPB4852</b>
Category/Type 001		Amount of Each Disbursement this Period 276.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for hotels	Candidate Name	Transaction ID : <b>EXPB4882</b>
Category/Type 002		Amount of Each Disbursement this Period 1600.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Rent	Candidate Name	Transaction ID : <b>EXPB4833</b>
Category/Type 001		Amount of Each Disbursement this Period 1248.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3126.20
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Committee staff		001
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:	Amount of Each Disbursement this Period 1044.80	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Office expenses		001
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:	Amount of Each Disbursement this Period 2911.29	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Reimbursement for transportation expenses		002
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:	Amount of Each Disbursement this Period 5250.44	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9206.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement HR and benefits administration	Candidate Name	Transaction ID : <b>EXPB4836</b> Amount of Each Disbursement this Period 16940.28
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement HR and benefits administration	Candidate Name	Transaction ID : <b>EXPB4849</b> Amount of Each Disbursement this Period 156.72
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Polestar, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 1580 Lincoln St, Suite 520		FEC Identification Number C [REDACTED]
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Online advertising	Candidate Name	Transaction ID : <b>EXPB4880</b> Amount of Each Disbursement this Period 2653.58
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:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19750.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Political consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : EXPB4832

Amount of Each Disbursement this Period: 16052.36

Memo Item

**B. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : EXPB4830

Amount of Each Disbursement this Period: 4594.52

Memo Item

**C. Polestar, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1580 Lincoln St, Suite 520

City Denver State CO Zip Code 80203

Purpose of Disbursement Communication consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : EXPB4831

Amount of Each Disbursement this Period: 5519.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 26165.97

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Communication consulting

001

Category/  
Type

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
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4829**

Amount of Each Disbursement this Period

[REDACTED] 5997.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Political consulting

001

Category/  
Type

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
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4827**

Amount of Each Disbursement this Period

[REDACTED] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Compliance services

001

Category/  
Type

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
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4828**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

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

[REDACTED] 12497.50

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Polestar, Inc.**

Mailing Address 1580 Lincoln St, Suite 520

City  
Denver

State  
CO

Zip Code  
80203

Purpose of Disbursement  
Polling and research

005

Category/  
Type

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
12			20			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4826

Amount of Each Disbursement this Period

[REDACTED] 55750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Robinson, John, , ,**

Mailing Address 3600 16th St. NW #400

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Compliance support

001

Category/  
Type

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
07			30			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3534

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Robinson, John, , ,**

Mailing Address 3600 16th St. NW #400

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

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
08			06			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3535

Amount of Each Disbursement this Period

[REDACTED] 147.18

Memo Item

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

[REDACTED] 56897.18

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. S.E. Owens &amp; Company</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2019	
Mailing Address 5940 College Avenue, Suite F			
City Oakland	State CA	Zip Code 94618	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	<b>Transaction ID : EXPB3060</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. S.E. Owens &amp; Company</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019	
Mailing Address 5940 College Avenue, Suite F			
City Oakland	State CA	Zip Code 94618	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	<b>Transaction ID : EXPB3062</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. S.E. Owens &amp; Company</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 5940 College Avenue, Suite F			
City Oakland	State CA	Zip Code 94618	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	<b>Transaction ID : EXPB3496</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="250.00"/>
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB3060

Partial payment of 2529

Form/Schedule:

Transaction ID:



**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4444</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 8.26
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 04 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4445</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 6.79
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4446</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 2.36
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	9		

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4447

Amount of Each Disbursement this Period

[REDACTED] 7.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	9		

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4448

Amount of Each Disbursement this Period

[REDACTED] 13.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	1	9		

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4449

Amount of Each Disbursement this Period

[REDACTED] 1.66

Memo Item

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

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

[REDACTED] 22.49

[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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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 Y Y  
07 / 11 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4450**

Amount of Each Disbursement this Period

[REDACTED] 1.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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 Y Y  
07 / 14 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4451**

Amount of Each Disbursement this Period

[REDACTED] 4.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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 Y Y  
07 / 15 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4452**

Amount of Each Disbursement this Period

[REDACTED] 5.09

Memo Item

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

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

[REDACTED] 10.45

[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)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4453**

Amount of Each Disbursement this Period

[REDACTED] 16.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4454**

Amount of Each Disbursement this Period

[REDACTED] 4.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	9		

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4455**

Amount of Each Disbursement this Period

[REDACTED] 4.82

Memo Item

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

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

[REDACTED] 25.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4456

Amount of Each Disbursement this Period

[REDACTED] 4.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4457

Amount of Each Disbursement this Period

[REDACTED] 7.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4458

Amount of Each Disbursement this Period

[REDACTED] 20.67

Memo Item

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

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

[REDACTED] 32.99

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4459</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4460</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 14.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4461</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 2.81
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 18.45
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2019

FEC Identification Number: C

Transaction ID : EXPB4462

Amount of Each Disbursement this Period: 17.65

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2019

FEC Identification Number: C

Transaction ID : EXPB4463

Amount of Each Disbursement this Period: 21.82

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2019

FEC Identification Number: C

Transaction ID : EXPB4464

Amount of Each Disbursement this Period: 7.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 46.72

**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)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2019

FEC Identification Number: C

Transaction ID : EXPB4465

Amount of Each Disbursement this Period: 2.21

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2019

FEC Identification Number: C

Transaction ID : EXPB4468

Amount of Each Disbursement this Period: 9.34

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2019

FEC Identification Number: C

Transaction ID : EXPB4469

Amount of Each Disbursement this Period: 8.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 19.68

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4470</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 15.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4471</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 5.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4472</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 5.62
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)..... ▶

27.56

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4473</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 3.36	
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>B. Stripe</b>			Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4474</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 1.47	
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>C. Stripe</b>			Date of Disbursement MM / DD / YYYY 08 / 13 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4475</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 13.81	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4476

Amount of Each Disbursement this Period

[REDACTED] 6.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4477

Amount of Each Disbursement this Period

[REDACTED] 2.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4478

Amount of Each Disbursement this Period

[REDACTED] 7.94

Memo Item

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

[REDACTED] 17.08

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4479</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 3.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4480</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 14.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4481</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 8.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 26.17
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB4482**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB4483**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB4484**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4485

Amount of Each Disbursement this Period

[REDACTED] 22.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4486

Amount of Each Disbursement this Period

[REDACTED] 4.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4487

Amount of Each Disbursement this Period

[REDACTED] 4.75

Memo Item

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

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

[REDACTED] 31.48

[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)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 02 / 2019

FEC Identification Number: C

Transaction ID : EXPB4572

Amount of Each Disbursement this Period: 6.08

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : EXPB4573

Amount of Each Disbursement this Period: 1.93

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 04 / 2019

FEC Identification Number: C

Transaction ID : EXPB4574

Amount of Each Disbursement this Period: 16.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 24.41

**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

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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4575</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4576</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 4.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4577</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 20.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 26.07
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4578

Amount of Each Disbursement this Period

[REDACTED] 7.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4579

Amount of Each Disbursement this Period

[REDACTED] 1.04

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4580

Amount of Each Disbursement this Period

[REDACTED] 4.63

Memo Item

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

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

[REDACTED] 13.33

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4581</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 3.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4582</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 6.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4583</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 8.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 18.84
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2019

FEC Identification Number: C

Transaction ID : EXPB4584

Amount of Each Disbursement this Period: 7.16

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C

Transaction ID : EXPB4585

Amount of Each Disbursement this Period: 3.12

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2019

FEC Identification Number: C

Transaction ID : EXPB4586

Amount of Each Disbursement this Period: 4.27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14.55

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4587</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 11.15
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>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4588</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 14.06
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>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4589</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 9.33
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 26 / 2019

FEC Identification Number: C

Transaction ID : EXPB4590

Amount of Each Disbursement this Period: 3.26

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 29 / 2019

FEC Identification Number: C

Transaction ID : EXPB4591

Amount of Each Disbursement this Period: 19.24

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 30 / 2019

FEC Identification Number: C

Transaction ID : EXPB4777

Amount of Each Disbursement this Period: 46.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 69.18

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4592</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 11.66
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>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4593</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 24.08
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>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4636</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 34.57
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			03			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4637

Amount of Each Disbursement this Period

[REDACTED] 10.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			06			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4638

Amount of Each Disbursement this Period

[REDACTED] 5.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			07			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4639

Amount of Each Disbursement this Period

[REDACTED] 2.52

Memo Item

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

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

[REDACTED] 18.49

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4640</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 13.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4641</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 3.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4642</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 2.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4643</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 2.08
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4644</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 5.67
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4645</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 23.57
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 31.32
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [ ] <b>Transaction ID : EXPB4646</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period [ ] 2.53
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [ ] <b>Transaction ID : EXPB4647</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period [ ] 4.68
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [ ] <b>Transaction ID : EXPB4648</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period [ ] 3.12
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 10.33
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			22			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4649**

Amount of Each Disbursement this Period

[REDACTED] 18.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			23			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4650**

Amount of Each Disbursement this Period

[REDACTED] 9.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
10			24			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : EXPB4651**

Amount of Each Disbursement this Period

[REDACTED] 4.20

Memo Item

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

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

[REDACTED] 32.47

[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)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 27 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4652**

Amount of Each Disbursement this Period: 6.58

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4653**

Amount of Each Disbursement this Period: 2.67

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 29 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4654**

Amount of Each Disbursement this Period: 27.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 36.73

**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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4655</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 8.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4656</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 4.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4657</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 48.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 61.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement MM / DD / YYYY 11 / 04 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4658</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 4.69	
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>B. Stripe</b>			Date of Disbursement MM / DD / YYYY 11 / 05 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4659</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 11.08	
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>C. Stripe</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2019	
Mailing Address 185 Berry St			FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4660</b>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 8.98	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4661</b>
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 24.58
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4662</b>
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 18.64
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4663</b>
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003	Amount of Each Disbursement this Period 8.02
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	51.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4664</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 20.37
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4665</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 5.87
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4666</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 33.45
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	59.69
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4667</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 3.26
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 19 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4668</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 13.78
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4669</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 33.86
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4670</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 12.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4671</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 16.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4672</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 2.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	31.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4673

Amount of Each Disbursement this Period

[REDACTED] 18.14

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4674

Amount of Each Disbursement this Period

[REDACTED] 13.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4675

Amount of Each Disbursement this Period

[REDACTED] 5.26

Memo Item

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

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

[REDACTED] 36.65

[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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4714</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 13.38
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4715</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 56.44
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	<b>Transaction ID : EXPB4716</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 2.36
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	72.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4717</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 1.63
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4718</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 5.90
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED]	
City San Francisco	State CA	Zip Code 94107	Transaction ID : <b>EXPB4719</b>
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	Amount of Each Disbursement this Period 4.92
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12.45
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4720</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 9.81
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4721</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 1.63
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2019	
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4722</b>	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period [REDACTED] 5.22
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 16.66
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4723</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 12.47
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>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4724</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 10.10
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>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 185 Berry St		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB4725</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Processing Fees		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 11.26
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	33.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
12			18			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4726

Amount of Each Disbursement this Period

[REDACTED] 9.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
12			19			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4727

Amount of Each Disbursement this Period

[REDACTED] 5.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 185 Berry St

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

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
12			22			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4728

Amount of Each Disbursement this Period

[REDACTED] 5.89

Memo Item

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

[REDACTED] 20.50

**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)  
**Unite America**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 23 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4729**

Amount of Each Disbursement this Period: 6.83

Memo Item

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 25 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4730**

Amount of Each Disbursement this Period: 42.32

Memo Item

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 26 / 2019

FEC Identification Number: C

Transaction ID : **EXPB4731**

Amount of Each Disbursement this Period: 7.03

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 56.18

**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)  
**Unite America**

Full Name (Last, First, Middle Initial)

### A. Stripe

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4732

Amount of Each Disbursement this Period

[REDACTED]	16.37
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4733

Amount of Each Disbursement this Period

[REDACTED]	3.51
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stripe

Mailing Address 185 Berry St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4778

Amount of Each Disbursement this Period

[REDACTED]	36.22
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Memo Item

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

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

[REDACTED]	56.10
------------	-------

[REDACTED]	
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**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)  
**Unite America**

**A. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2019

FEC Identification Number: C

Transaction ID : **EXPB3538**

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C

Transaction ID : **EXPB3541**

Amount of Each Disbursement this Period: 15.00

Memo Item

**C. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C

Transaction ID : **EXPB3491**

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 45.00

**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)  
**Unite America**

**A. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2019

FEC Identification Number: C

Transaction ID : EXPB3542

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2019

FEC Identification Number: C

Transaction ID : EXPB3546

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 22 / 2019

FEC Identification Number: C

Transaction ID : EXPB3548

Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 90.00

**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)

**Unite America**

Full Name (Last, First, Middle Initial)

### A. Wells Fargo

Mailing Address 420 Montgomery Street

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Bank fee

001

Category/  
Type

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
11			22			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3547

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Wells Fargo

Mailing Address 420 Montgomery Street

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Bank fee

001

Category/  
Type

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
12			13			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3556

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Wells Fargo

Mailing Address 420 Montgomery Street

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Bank fee

001

Category/  
Type

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
12			16			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3559

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

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

[REDACTED] 90.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Unite America**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB3557**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB3558**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Unite America**

Full Name (Last, First, Middle Initial) <b>A. Alaskans for Better Elections</b>			Date of Disbursement MM / DD / YYYY 10 / 15 / 2019	
Mailing Address PO Box 210295			FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3543</b>	
City Anchorage	State AK	Zip Code 99521	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement UA Fund - Donation		Category/Type 012	Memo Item <input type="checkbox"/>	
Candidate Name <b>Alaskans for Better Elections</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. Alaskans for Better Elections</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2019	
Mailing Address PO Box 210295			FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3549</b>	
City Anchorage	State AK	Zip Code 99521	Amount of Each Disbursement this Period 500000.00	
Purpose of Disbursement UA Fund - Donation		Category/Type 012	Memo Item <input type="checkbox"/>	
Candidate Name <b>Alaskans for Better Elections</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. Californians to Defend the Open Primary</b>			Date of Disbursement MM / DD / YYYY 07 / 12 / 2019	
Mailing Address 2350 Kerner Boulevard, Suite 250			FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB3533</b>	
City San Rafael	State CA	Zip Code 94901	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement UA Fund - Donation		Category/Type 012	Memo Item <input type="checkbox"/>	
Candidate Name <b>Californians to Defend the Open Primary</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	605000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Unite America**

**A. CHANGE Illinois Action Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 233 N. Michigan Ave, Suite 1800

City Chicago State IL Zip Code 60601

Purpose of Disbursement UA Fund - Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C

Transaction ID : EXPB3561

Amount of Each Disbursement this Period: 25000.00

Memo Item

**B. FairVote Minnesota**

Full Name (Last, First, Middle Initial)

Mailing Address 550 Vandalia St. #210

City St. Paul State MN Zip Code 55114

Purpose of Disbursement UA Fund - Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2019

FEC Identification Number: C

Transaction ID : EXPB3560

Amount of Each Disbursement this Period: 25000.00

Memo Item

**C. League of Women Voters Nevada**

Full Name (Last, First, Middle Initial)

Mailing Address 2533 Christmas Tree Dr.

City Carson City State NV Zip Code 89703

Purpose of Disbursement UA Fund - Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C

Transaction ID : EXPB3563

Amount of Each Disbursement this Period: 25000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 75000.00

**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 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)  
**Unite America**

**A. Pennsylvanians Against Gerrymandering**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 600 North 2nd Street

M M M	/	D D D	/	Y Y Y Y Y
10		15		2019

City Harrisburg State PA Zip Code 17101

FEC Identification Number

Purpose of Disbursement  
UA Fund - Donation

C
---

Candidate Name

012
Category/ Type

Transaction ID : EXPB3544

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

125000.00
-----------

Memo Item

**B. Pennsylvanians Against Gerrymandering**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 600 North 2nd Street

M M M	/	D D D	/	Y Y Y Y Y
11		22		2019

City Harrisburg State PA Zip Code 17101

FEC Identification Number

Purpose of Disbursement  
UA Fund - Donation

C
---

Candidate Name

012
Category/ Type

Transaction ID : EXPB3552

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

125000.00
-----------

Memo Item

**C. People Not Politicians, Inc.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2601 Northwest Expressway

M M M	/	D D D	/	Y Y Y Y Y
11		22		2019

City Oklahoma City State OK Zip Code 73112

FEC Identification Number

Purpose of Disbursement  
UA Fund - Donation

C
---

Candidate Name

012
Category/ Type

Transaction ID : EXPB3551

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

250000.00
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Memo Item

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

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

500000.00
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**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)  
**Unite America**

**A. Proteus Action League**

Full Name (Last, First, Middle Initial)

Mailing Address 15 Research Drive, Suite B

City Amherst State MA Zip Code 01002

Purpose of Disbursement UA Fund - Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C

Transaction ID : EXPB3562

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. Ranked Choice Voting 2020 Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 44 Temple Place, 5th floor

City Boston State MA Zip Code 02111

Purpose of Disbursement UA Fund - Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2019

FEC Identification Number: C

Transaction ID : EXPB3550

Amount of Each Disbursement this Period: 250000.00

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	260000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1440000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 211 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Committee staff
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 4468.69		Transaction ID : <b>PAYD3040</b>	
Amount Incurred This Period 0.00	Payment This Period 4468.69	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Office expenses
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 53.20		Transaction ID : <b>PAYD3041</b>	
Amount Incurred This Period 0.00	Payment This Period 53.20	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): HR and benefits administration
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 446.84		Transaction ID : <b>PAYD3042</b>	
Amount Incurred This Period 0.00	Payment This Period 446.84	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 212 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for airfare
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 1031.19	Transaction ID : <b>PAYD3043</b>	
Amount Incurred This Period 0.00	Payment This Period 1031.19	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Committee staff
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 56453.97	Transaction ID : <b>PAYD3044</b>	
Amount Incurred This Period 0.00	Payment This Period 56453.97	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for meals
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 376.87	Transaction ID : <b>PAYD3045</b>	
Amount Incurred This Period 0.00	Payment This Period 376.87	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 213 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Office expenses
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 1702.91	Transaction ID : <b>PAYD3046</b>	
Amount Incurred This Period 0.00	Payment This Period 1702.91	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Online advertising
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 545.13	Transaction ID : <b>PAYD3047</b>	
Amount Incurred This Period 0.00	Payment This Period 545.13	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for hotel
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 1330.54	Transaction ID : <b>PAYD3048</b>	
Amount Incurred This Period 0.00	Payment This Period 1330.54	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 214 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for ground transportation
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 330.54	<b>Transaction ID : PAYD3049</b>	
Amount Incurred This Period 0.00	Payment This Period 330.54	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Marketing consultant
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : PAYD3050</b>	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Web hosting
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 50.07	<b>Transaction ID : PAYD3051</b>	
Amount Incurred This Period 0.00	Payment This Period 50.07	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 215 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Fundraising event
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 359.75	Transaction ID : <b>PAYD3052</b>	
Amount Incurred This Period 0.00	Payment This Period 359.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): HR and benefits administration
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 6151.93	Transaction ID : <b>PAYD3053</b>	
Amount Incurred This Period 0.00	Payment This Period 6151.93	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Rent
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 1240.35	Transaction ID : <b>PAYD3054</b>	
Amount Incurred This Period 0.00	Payment This Period 1240.35	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 216 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Rent
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4885</b>	
Amount Incurred This Period 1248.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 1248.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Committee staff
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4886</b>	
Amount Incurred This Period 78088.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 78088.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): HR and benefits administration
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4887</b>	
Amount Incurred This Period 17700.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 17700.19

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	97037.95
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 217 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Online advertising
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4888</b>	
Amount Incurred This Period 6022.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 6022.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Software
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4889</b>	
Amount Incurred This Period 831.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 831.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for transportation expenses
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4890</b>	
Amount Incurred This Period 2904.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 2904.60

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	9758.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 218 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for meals
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4891</b>	
Amount Incurred This Period 159.92	Payment This Period 0.00	Outstanding Balance at Close of This Period 159.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Reimbursement for hotels
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4892</b>	
Amount Incurred This Period 2436.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2436.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): Committee staff
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD4893</b>	
Amount Incurred This Period 1064.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 1064.94

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3660.86
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 219 OF 219
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Unite America**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Polestar, Inc.</b>			Nature of Debt (Purpose): HR and benefits administration
Mailing Address 1580 Lincoln St, Suite 520			
City Denver	State CO	Zip Code 80203	

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD4894</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
159.74	0.00	159.74	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	159.74
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	110616.75
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	110616.75