

# 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**

The Democratic Coalition

ADDRESS (number and street) 1207 Willow Ave

#16

Check if different than previously reported. (ACC) Hoboken NJ 07030

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

**C** C00612846 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 checked="" 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)
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Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [06] / [01] / [2018] through [06] / [30] / [2018]

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

Type or Print Name of Treasurer

Signature of Treasurer Lucia, Francesca, , , [Electronically Filed] Date [07] / [20] / [2018]

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**The Democratic Coalition**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		14830.15
(b) Cash on Hand at Beginning of Reporting Period.....	17785.98	
(c) Total Receipts (from Line 19) .....	10611.60	90602.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28397.58	105432.69
7. Total Disbursements (from Line 31).....	14364.79	96468.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14032.79	8964.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5060.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

The Democratic Coalition

Report Covering the Period: From: 06 / 01 / 2018 To: 06 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2250.00	8610.00
(ii) Unitemized .....	8361.60	81992.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10611.60	90602.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10611.60	90602.54
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10611.60	90602.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10611.60	90602.54

**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 .....	14364.79	96408.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14364.79	96408.65
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 .....	0.00	60.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	60.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14364.79	96468.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14364.79	96468.65

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10611.60	90602.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10611.60	90542.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14364.79	96408.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14364.79	96408.65

**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 23
	<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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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)  
**The Democratic Coalition**

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

Mailing Address 2016 Bay Dr  
Apt 902

City Miami Beach State FL Zip Code 33141-4422

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

Name of Employer (for Individual) United airline Occupation (for Individual) Flight Attendant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 06 / 16 / 2018

**Transaction ID : VTE5QRTWHE9**

Amount of Each Receipt this Period 100.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10611.60

Date of Receipt 06 / 17 / 2018

**Transaction ID : VTE5QRTWHE9E**

Amount of Each Receipt this Period 100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 550 E Ann Arbor Ave

City Dallas State TX Zip Code 75216-6718

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 06 / 08 / 2018

**Transaction ID : VTE5QRTV108**

Amount of Each Receipt this Period 500.00

Memo Item

\* Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<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)  
**The Democratic Coalition**

**A. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2018

**Transaction ID : VTE5QRTV108E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Arkin, Adrian, , ,**

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

Mailing Address 1020 N Shore Dr

City Miami Beach	State FL	Zip Code 33141-2442
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mintz Truppman	Occupation (for Individual) Attorney
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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
06		12		2018

**Transaction ID : VTE5QRTWEB9**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2018

**Transaction ID : VTE5QRTWEB9E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<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)  
**The Democratic Coalition**

**A. Choate, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 W Lovers Ln  
 Ste 116-395  
 City Dallas State TX Zip Code 75209-4330  
 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 ▼ 250.00

Date of Receipt 06 / 26 / 2018  
**Transaction ID : VTE5QRTXRT8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10611.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : VTE5QRTXRT8E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. DeWaters, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2302 E Wyoming Pl  
 Unit D  
 City Milwaukee State WI Zip Code 53202-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mcw Occupation (for Individual) Doctor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2018  
**Transaction ID : VTE5QRTWHB5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**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 9 OF 23
	<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)  
**The Democratic Coalition**

**A. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2018

**Transaction ID : VTE5QRTWHB5E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Eisenberg, Jonathan, , ,**

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

Mailing Address 2315 W Maya Palm Dr

City Boca Raton	State FL	Zip Code 33432-7948
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Recovery Systems	Occupation (for Individual) Development
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2018

**Transaction ID : VTE5QRTS414**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2018

**Transaction ID : VTE5QRTS414E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<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)  
**The Democratic Coalition**

**A. Friedman, Elissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1736 N Beverly Dr  
 City Beverly Hills State CA Zip Code 90210-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Covert Media Occupation (for Individual) Entertainment Exec  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 10 / 2018  
**Transaction ID : VTE5QRRTX58**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10611.60

Date of Receipt 06 / 10 / 2018  
**Transaction ID : VTE5QRRTX58E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Mcfadden, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11054 Saint Cloud Rd  
 City Richmond State MO Zip Code 64085-8310  
 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 400.00

Date of Receipt 06 / 25 / 2018  
**Transaction ID : VTE5QRTXSQ5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... 150.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<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)  
**The Democratic Coalition**

**A. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : VTE5QRTXSQ5E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Ogaard, Wendy, , ,**

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

Mailing Address 2213 Everett Ave E

City Seattle	State WA	Zip Code 98102-4139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not Employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

**Transaction ID : VTE5QRTXS39**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : VTE5QRTXS39E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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)  
**The Democratic Coalition**

**A. Tesoro, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3241 Oak Tree Dr  
 City Centerton State AR Zip Code 72719-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wal-Mart Stores Inc. Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2018  
**Transaction ID : VTE5QRTTWY3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10611.60

Date of Receipt 06 / 10 / 2018  
**Transaction ID : VTE5QRTTWY3E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Williams, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 339  
 City Hanover State PA Zip Code 17331-0339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hanover Shoe Farms Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 03 / 2018  
**Transaction ID : VTE5QRTS4E7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<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)  
**The Democratic Coalition**

**A. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2018

**Transaction ID : VTE5QRTS4E7E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Williams, Russell, , ,**

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

Mailing Address PO Box 339

City Hanover	State PA	Zip Code 17331-0339
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hanover Shoe Farms Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2018

**Transaction ID : VTE5QRTS4M4**

Amount of Each Receipt this Period  
50.00

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10611.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2018

**Transaction ID : VTE5QRTS4M4E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	2250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number: C  
Transaction ID : VTD6FA8VT1  
Amount of Each Disbursement this Period: 57.70

Memo Item

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number: C  
Transaction ID : VTD6FA8VT4  
Amount of Each Disbursement this Period: 25.00

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number: C  
Transaction ID : VTD6FA8VT1  
Amount of Each Disbursement this Period: 110.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 192.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VTD6FA8VTP  
Amount of Each Disbursement this Period

[REDACTED] 94.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VTD6FA8VVE  
Amount of Each Disbursement this Period

[REDACTED] 72.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 615 Washington St

City  
Hoboken

State  
NJ

Zip Code  
07030-4907

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : VTD6FA8VS;  
Amount of Each Disbursement this Period

[REDACTED] 29.95

Memo Item

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

[REDACTED] 197.30

**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)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)  
**A. Bank of America**

Mailing Address 615 Washington St

City Hoboken State NJ Zip Code 07030-4907

Purpose of Disbursement Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 04 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VT6

Amount of Each Disbursement this Period: 30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bank of America**

Mailing Address 615 Washington St

City Hoboken State NJ Zip Code 07030-4907

Purpose of Disbursement Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 18 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VVA

Amount of Each Disbursement this Period: 30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Bank of America**

Mailing Address 615 Washington St

City Hoboken State NJ Zip Code 07030-4907

Purpose of Disbursement Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 25 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VVI

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)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)  
**A. Barefoot Coders**

Date of Disbursement: MM / DD / YYYY  
06 / 21 / 2018

Mailing Address 322 NW 6th Ave

City Portland State OR Zip Code 97209-3662

Purpose of Disbursement Website Design

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

FEC Identification Number  
C  
Transaction ID : VTD6FA8VVC  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bulldog Finance Group**

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2018

Mailing Address 1250 Connecticut Ave NW

City Washington State DC Zip Code 20036-2655

Purpose of Disbursement Consultant - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

FEC Identification Number  
C  
Transaction ID : VTD6FA8VT5  
Amount of Each Disbursement this Period  
6000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Bulldog Finance Group**

Date of Disbursement: MM / DD / YYYY  
06 / 18 / 2018

Mailing Address 1250 Connecticut Ave NW

City Washington State DC Zip Code 20036-2655

Purpose of Disbursement Consultant - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

FEC Identification Number  
C  
Transaction ID : VTD6FA8VV  
Amount of Each Disbursement this Period  
2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8250.00

**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)  
**The Democratic Coalition**

**A. Bulldog Finance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 1250 Connecticut Ave NW

City Washington State DC Zip Code 20036-2655

Purpose of Disbursement Consultant - Fundraising

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 25 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VVf

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025-1456

Purpose of Disbursement Advertisement

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VSY

Amount of Each Disbursement this Period: 53.33

Memo Item

**C. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025-1456

Purpose of Disbursement Advertisement

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 27 / 2018

FEC Identification Number: C

Transaction ID : VTD6FA8VVI

Amount of Each Disbursement this Period: 745.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2799.15

**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)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	8		

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025-1456

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VTD6FA8VVH**  
 Amount of Each Disbursement this Period  
 [Redacted] 4.18

Purpose of Disbursement  
Advertisement

[Redacted]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Google**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	8		

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VTD6FA8VTA**  
 Amount of Each Disbursement this Period  
 [Redacted] 293.64

Purpose of Disbursement  
Email Services

[Redacted]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP VAN, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	1	8		

Mailing Address 1445 New York Ave NW  
Ste 200

City Washington State DC Zip Code 20005-2158

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VTD6FA8VVI**  
 Amount of Each Disbursement this Period  
 [Redacted] 2399.00

Purpose of Disbursement  
Software

[Redacted]  
Category/  
Type

Candidate Name

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

Memo Item

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

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

2	6	9	6	.	8	2
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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)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)

**A. Paychex of New York LLC**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4642

Purpose of Disbursement  
Payroll - Invoice

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  
06 / 11 / 2018

FEC Identification Number

C   
**Transaction ID : VTD6FA8VTE**  
Amount of Each Disbursement this Period  
 83.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wix.com**

Mailing Address 10 W 18th St  
FI 7

City New York State NY Zip Code 10011-4618

Purpose of Disbursement  
Website Hosting

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  
06 / 18 / 2018

FEC Identification Number

C   
**Transaction ID : VTD6FA8VV7**  
Amount of Each Disbursement this Period  
 16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wix.com**

Mailing Address 10 W 18th St  
FI 7

City New York State NY Zip Code 10011-4618

Purpose of Disbursement  
Website Hosting

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  
06 / 25 / 2018

FEC Identification Number

C   
**Transaction ID : VTD6FA8VVI**  
Amount of Each Disbursement this Period  
 19.80

Memo Item

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

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

118.80

**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)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial) <b>A. Wix.com</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2018	
Mailing Address 10 W 18th St FI 7		FEC Identification Number C [ ]	
City New York	State NY	Zip Code 10011-4618	<b>Transaction ID : VTD6FA8VVC</b>
Purpose of Disbursement Website Hosting		Category/ Type [ ]	Amount of Each Disbursement this Period [ ] 19.90
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>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	<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.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	<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)..... ▶	[ ] 19.90
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ] 14364.79

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **The Democratic Coalition** Transaction ID : VTE5QM2EHY1L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item Lerner, Miriam, , ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1415 Converse Bay Rd		
City Charlotte	State VT	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred MM / DD / YYYY 05 / 10 / 2016	Date Due MM / DD / YYYY 12 / 31 / 2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **The Democratic Coalition** Transaction ID : VTE5QHS1YN4L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lerner, Nathan, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1207 Willow Ave Apt 16			
City Hoboken	State NJ	ZIP Code 07030-3347	

Original Amount of Loan <input type="text" value="60.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="60.00"/>
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**TERMS**

Date Incurred <input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="5060.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.