

**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

KITCHEN TABLE VALUES PAC

ADDRESS (number and street)

2350 KERNER BLVD., SUITE 250

Check if different
than previously
reported. (ACC)

SAN RAFAEL

CA

94901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00924159

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2026

through

M M M / D D D / Y Y Y Y Y Y
06 30 2026

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

Type or Print Name of Treasurer

LAZARUS, DAVID, , ,

Signature of Treasurer

LAZARUS, DAVID, , ,

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2026

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**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

KITCHEN TABLE VALUES PACReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
06		01		2026

 To:

M M	/	D D	/	Y Y Y Y Y
06		30		2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		20516.50
(b) Cash on Hand at Beginning of Reporting Period.....	3228.61	
(c) Total Receipts (from Line 19)	5145.50	12136.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8374.11	32653.25
7. Total Disbursements (from Line 31).....	7654.35	31933.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	719.76	719.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15834.87	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

KITCHEN TABLE VALUES PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

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).....	3125.00	8835.00
(ii) Unitemized	2020.50	3301.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5145.50	12136.75
(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)	5145.50	12136.75
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))	5145.50	12136.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5145.50	12136.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7654.35	23093.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7654.35	23093.49
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	8840.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	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)) ..	7654.35	31933.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7654.35	31933.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5145.50	12136.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5145.50	12136.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7654.35	23093.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	7654.35	23093.49

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

AMENDMENT TO INCLUDE ADDITIONAL CONTRIBUTIONS RECEIVED

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 7 OF 22
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

KITCHEN TABLE VALUES PAC

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

A. CAPUTO, AMY, , ,

Mailing Address 1324 PARKERSVILLE ROAD

City
KENNET SQAURE

State
PA

Zip Code
19348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SWIFTMD

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2026

Transaction ID : DA111

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTON

State
MA

Zip Code
02196

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 ▼

7136.75

Date of Receipt

MM / DD / YYYY
06 / 01 / 2026

Transaction ID : IA62IDTA111

Amount of Each Receipt this Period

250.00

☒ Memo Item

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

C. REED, CHRISTOPHER, , ,

Mailing Address 3145 CENTER STREET

City
SOQUEL

State
CA

Zip Code
95073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE MEMBER SERVICES

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 11 / 2026

Transaction ID : DA27

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA111

EARMARKED MONETARY CONTRIBUTION

Form/Schedule: SA11AI

Transaction ID: DA27

EARMARKED MONETARY CONTRIBUTION

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 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

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

A. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196FEC 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 ▼

7136.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2026

Transaction ID : IA65IDTA27

Amount of Each Receipt this Period

250.00

☒ Memo Item

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

B. RICHARDS, BURTON, , ,

Mailing Address 58 SUNDOWN PARKWAY

City
AUSTINState
TXZip Code
78746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2026

Transaction ID : DA33

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196FEC 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 ▼

7136.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2026

Transaction ID : IA65IDTA33

Amount of Each Receipt this Period

125.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA33

EARMARKED MONETARY CONTRIBUTION

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 11 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

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

A. FALCONER, JAMES, , ,

Mailing Address 3872 50TH AVENUE NE

City
SEATTLE

State
WA

Zip Code
98105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : DA146

Amount of Each Receipt this Period

1750.00

☐ Memo Item

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

B. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTON

State
MA

Zip Code
02196

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 ▼

7136.75

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : IA76IDTA146

Amount of Each Receipt this Period

1750.00

☒ Memo Item

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

C. GELIN, MARGARET, , ,

Mailing Address 105 TROWBRIDGE STREET #4

City
CAMBRIDGE

State
MA

Zip Code
02138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : DA168

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2000.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA146

EARMARKED MONETARY CONTRIBUTION

Form/Schedule: SA11AI

Transaction ID: DA168

EARMARKED MONETARY CONTRIBUTION

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

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

A. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTON

State
MA

Zip Code
02196

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 ▼

7136.75

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : IA76IDTA168

Amount of Each Receipt this Period

250.00

☒ Memo Item

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

B. REED, CHRISTOPHER, , ,

Mailing Address 3145 CENTER STREET

City
SOQUEL

State
CA

Zip Code
95073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE MEMBER SERVICES

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : DA151

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTON

State
MA

Zip Code
02196

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 ▼

7136.75

Date of Receipt

MM / DD / YYYY
06 / 23 / 2026

Transaction ID : IA76IDTA151

Amount of Each Receipt this Period

250.00

☒ Memo Item

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

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

250.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA151

EARMARKED MONETARY CONTRIBUTION

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 15 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

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

A. EBY, ROBERT, , ,

Mailing Address 6004 PINEVIEW LANE

City
CINCINNATI

State
OH

Zip Code
45247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRIHEALTH

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2026

Transaction ID : DA176

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTON

State
MA

Zip Code
02196

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 ▼

7136.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2026

Transaction ID : IA86IDTA176

Amount of Each Receipt this Period

250.00

☒ Memo Item

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

C.

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

3125.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA176

EARMARKED MONETARY CONTRIBUTION

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196

Purpose of Disbursement

PROCESSING FEE

Candidate Name

001

Category/
Type

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	6			0	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB72

Amount of Each Disbursement this Period

21.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELAWARE RIVER GROUP LLC

Mailing Address 2 GEORGE CT

City
EASTONState
PAZip Code
18045

Purpose of Disbursement

EXECUTIVE DIRECTOR SERVICES

Candidate Name

001

Category/
Type

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	6			0	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB60

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196

Purpose of Disbursement

PROCESSING FEE

Candidate Name

001

Category/
Type

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	6			1	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB68

Amount of Each Disbursement this Period

29.48

☐ Memo Item

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

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

2050.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

KITCHEN TABLE VALUES PAC

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196

Purpose of Disbursement

PROCESSING FEE, CHECK #401999252

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	6			1	6			2	0	2	6		

FEC Identification Number

C**Transaction ID : EB74**

Amount of Each Disbursement this Period

21.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196

Purpose of Disbursement

PROCESSING FEE; CHECK #402007639

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	6			2	3			2	0	2	6		

FEC Identification Number

C**Transaction ID : EB85**

Amount of Each Disbursement this Period

104.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELAWARE RIVER GROUP LLC

Mailing Address 2 GEORGE CT

City
EASTONState
PAZip Code
18045

Purpose of Disbursement

EXECUTIVE DIRECTOR SERVICES

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	6			2	9			2	0	2	6		

FEC Identification Number

C**Transaction ID : EB83**

Amount of Each Disbursement this Period

876.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1002.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

Full Name (Last, First, Middle Initial)

A. NIELSEN MERKSAMER LLP

Mailing Address 2350 KERNER BLVD, SUITE 250

City
SAN RAFAELState
CAZip Code
94901

Purpose of Disbursement

LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

001

Category/
Type

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	6			2	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB78

Amount of Each Disbursement this Period

3574.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRICE HOUSE CONSULTING

Mailing Address 2909 METHODIST CHURCH ROAD

City
MULLINSState
SCZip Code
29574

Purpose of Disbursement

CONSULTING SERVICES

Candidate Name

001

Category/
Type

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	6			2	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB82

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 962017

City
BOSTONState
MAZip Code
02196

Purpose of Disbursement

PROCESSING FEE

Candidate Name

001

Category/
Type

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	6			3	0			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB87

Amount of Each Disbursement this Period

26.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4600.74

7654.35

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CANDLEMORE MEDIA GROUP

Nature of Debt (Purpose):

CONSULTING

Mailing Address 917 6TH STREET SW

City

WASHINGTON

State

DC

Zip Code

20024

Outstanding Balance Beginning This Period

0.00

Transaction ID : PD90

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DELAWARE RIVER GROUP LLC

Nature of Debt (Purpose):

EXECUTIVE DIRECTOR SERVICES

Mailing Address 2 GEORGE CT

City

EASTON

State

PA

Zip Code

18045

Outstanding Balance Beginning This Period

2000.00

Transaction ID : PD53

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DELAWARE RIVER GROUP LLC

Nature of Debt (Purpose):

EXECUTIVE DIRECTOR SERVICES

Mailing Address 2 GEORGE CT

City

EASTON

State

PA

Zip Code

18045

Outstanding Balance Beginning This Period

2000.00

Transaction ID : PD77

Amount Incurred This Period

0.00

Payment This Period

876.63

Outstanding Balance at Close of This Period

1123.37

1) **SUBTOTALS** This Period This Page (optional)..... ►

2123.37

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 22

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DELAWARE RIVER GROUP LLC

Nature of Debt (Purpose):

EXECUTIVE DIRECTOR SERVICES

Mailing Address 2 GEORGE CT

City
EASTONState
PAZip Code
18045

Outstanding Balance Beginning This Period

0.00

Transaction ID : PD89

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NIELSEN MERKSAMER LLP

Nature of Debt (Purpose):

**LEGAL SERVICES AND PAC
ADMINISTRATION**

Mailing Address 2350 KERNER BLVD, SUITE 250

City
SAN RAFAELState
CAZip Code
94901

Outstanding Balance Beginning This Period

3574.00

Transaction ID : PD32

Amount Incurred This Period

0.00

Payment This Period

3574.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NIELSEN MERKSAMER LLP

Nature of Debt (Purpose):

**LEGAL SERVICES AND PAC
ADMINISTRATION**

Mailing Address 2350 KERNER BLVD, SUITE 250

City
SAN RAFAELState
CAZip Code
94901

Outstanding Balance Beginning This Period

4065.50

Transaction ID : PD47

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4065.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6065.50

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 22

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KITCHEN TABLE VALUES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NIELSEN MERKSAMER LLP

Nature of Debt (Purpose):

LEGAL SERVICES AND PAC
ADMINISTRATION

Mailing Address 2350 KERNER BLVD, SUITE 250

City

SAN RAFAEL

State

CA

Zip Code

94901

Outstanding Balance Beginning This Period

4821.00

Transaction ID : PD75

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4821.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NIELSEN MERKSAMER LLP

Nature of Debt (Purpose):

LEGAL SERVICES AND PAC
ADMINISTRATION

Mailing Address 2350 KERNER BLVD, SUITE 250

City

SAN RAFAEL

State

CA

Zip Code

94901

Outstanding Balance Beginning This Period

0.00

Transaction ID : PD91

Amount Incurred This Period

2825.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2825.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

7646.00

2) **TOTALS** This Period (last page this line number only)..... ►

15834.87

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

15834.87