

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Voter Accountability Project

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="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4372.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="183125.00"/>	<input type="text" value="283125.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="187497.04"/>	<input type="text" value="283125.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="184499.36"/>	<input type="text" value="280127.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2997.68"/>	<input type="text" value="2997.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Voter Accountability Project

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

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).....	172500.00	272500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	172500.00	272500.00
(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)	172500.00	272500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	10625.00	10625.00
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)).....▶	183125.00	283125.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	183125.00	283125.00

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	- 55588.50	40039.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 55588.50	40039.46
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)	240087.86	240087.86
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)) ..	184499.36	280127.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184499.36	280127.32

DETAILED SUMMARY PAGE
of Disbursements

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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)	172500.00	272500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	172500.00	272500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 55588.50	40039.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10625.00	10625.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 66213.50	29414.46

**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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Voter Accountability Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Abbo, Manar, S., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2020
Mailing Address 2510 S. Telegraph Road Suite 298		Transaction ID : SA11AI.4204
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Advasure Insurance Agency	Occupation (for Individual) owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fancelli, Julia, J., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2020
Mailing Address 2000 E. Edgewood Drive, #102		Transaction ID : SA11AI.4161
City Lakeland	State FL	Zip Code 33803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150000.00
Name of Employer (for Individual) n/a	Occupation (for Individual) homemaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Qazi, Mohammad, A., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2020
Mailing Address 5394 Middle Beld Road W.		Transaction ID : SA11AI.4185
City Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual) Ciena Healthcare	Occupation (for Individual) owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....	165000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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)
The Voter Accountability Project

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Stephen, M.,

Mailing Address 60 Columbus Circle
18th Floor

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Related Companies	Occupation (for Individual) Chairman
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2020

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spirit Flight East, LLC

Mailing Address 18152 Edison Avenue, Suite 200

City Chesterfield	State MO	Zip Code 63005
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2020

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
2500.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	172500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Voter Accountability Project

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SRCP Media, Inc.

Mailing Address 201 N. Union Street, Suite 200

City Alexandria State VA Zip Code 22314

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 ▼
 10625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2020

Transaction ID : SA15.4200

Amount of Each Receipt this Period
 10625.00

Memo Item
 refund media placement

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

SUBTOTAL of Receipts This Page (optional).....▶	10625.00
TOTAL This Period (last page this line number only).....▶	10625.00

**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 Voter Accountability Project

A. Chalmers & Adams, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5805 State Bridge Road, #G77

City Johns Creek State GA Zip Code 30097

Purpose of Disbursement legal fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period: 720.00

Memo Item

B. Outlaw Media, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3532 Goddard Way

City Alexandria State VA Zip Code 22304

Purpose of Disbursement media production-see Line 24

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period: - 6000.00

Memo Item

C. Robert Watkins & Company, P.A.

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement accounting services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period: 1191.50

Memo Item

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

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

- 4088.50

**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 Voter Accountability Project

A. SRCP Media, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 201 N. Union Street, Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media placement-see Line 24

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period: - 88000.00

Memo Item

B. SRCP Media, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 201 N. Union Street, Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media placement-not disseminated

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period: 10625.00

Memo Item

C. Steward Media Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 38500 Woodward Avenue Suite 330

City Bloomfield Hills State MI Zip Code 48304

Purpose of Disbursement fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4237

Amount of Each Disbursement this Period: 25875.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	- 51500.00
TOTAL This Period (last page this line number only).....▶	- 55588.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Voter Accountability Project
FEC IDENTIFICATION NUMBER
C C00759316

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Outlaw Media, LLC
Mailing Address: 3532 Goddard Way
City: Alexandria, State: VA, Zip Code: 22304
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Esshaki, Eric, , Support
Office Sought: House, District: 11, State: MI
Amount: 6000.00
Transaction ID: SE.4148
Date of Disbursement or Obligation: 10/15/2020
Disbursement For: General 2020

Full Name of Payee: SRCP Media, Inc.
Mailing Address: 201 N. Union Street, Suite 200
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: media placement
Category/Type:
Name of Federal Candidate: Esshaki, Eric, , Support
Office Sought: House, District: 11, State: MI
Amount: 88000.00
Transaction ID: SE.4149
Date of Disbursement or Obligation: 10/15/2020
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 94000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy, H.,
Signature

[Electronically Filed]

Date 11/30/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Voter Accountability Project
FEC IDENTIFICATION NUMBER
C C00759316

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee SRCP Media, Inc.
Mailing Address 201 N. Union Street, Suite 200
City Alexandria State VA Zip Code 22314
Purpose of Expenditure media placement
Name of Federal Candidate: Esshaki, Eric, ,
Calendar Year-To-Date Per Election for Office Sought 221000.00
Date of Public Distribution/Dissemination 10/27/2020
Amount 127000.00
Transaction ID : SE.4170
Date of Disbursement or Obligation 10/26/2020
Office Sought: House District: 11 State: MI

Full Name of Payee VDLY Consulting, LLC
Mailing Address P. O. Box 23156
City Pittsburgh State PA Zip Code 15222
Purpose of Expenditure telephone calls
Name of Federal Candidate: Esshaki, Eric, ,
Calendar Year-To-Date Per Election for Office Sought 230543.93
Date of Public Distribution/Dissemination 10/30/2020
Amount 9543.93
Transaction ID : SE.4211
Date of Disbursement or Obligation 10/30/2020
Office Sought: House District: 11 State: MI

(a) SUBTOTAL of Itemized Independent Expenditures 136543.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy, H.,
Signature

[Electronically Filed]

Date 11/30/2020

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) The Voter Accountability Project	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00759316 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item VDLY Consulting, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address P. O. Box 23156	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>
City Pittsburgh State PA Zip Code 15222	
Purpose of Expenditure telephone calls Category/Type / / 	
Name of Federal Candidate: Stevens, Haley, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 240087.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>
City State Zip Code	
Purpose of Expenditure Category/Type / / 	
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought / / 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Watkins, Nancy, H., , *[Electronically Filed]* Date / /