

# 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**  
**DMFI PAC**

ADDRESS (number and street) **1023 31st Street, NW**  
**Suite 530**  
 Check if different than previously reported. (ACC) **Washington DC 20007**

2. **FEC IDENTIFICATION NUMBER** **C** **C00710848** 3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on **06 / 23 / 2020** in the State of **NY**  
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **04 / 01 / 2020** through **06 / 03 / 2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Lebin, Jennifer, , ,  
Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer **Lebin, Jennifer, , ,** **[Electronically Filed]** Date **06 / 11 / 2020**

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**

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Page 2

Write or Type Committee Name

**DMFI PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		2217785.26
(b) Cash on Hand at Beginning of Reporting Period.....	1519608.27	
(c) Total Receipts (from Line 19) .....	152946.80	1076269.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1672555.07	3294055.06
7. Total Disbursements (from Line 31).....	279132.46	1900632.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1393422.61	1393422.61
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) .....	49589.00	

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

**DMFI PAC**

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).....	20700.00	176651.00
(ii) Unitemized .....	2246.80	6618.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22946.80	183269.80
(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) .....	22946.80	183269.80
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.).....	130000.00	893000.00
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)).....▶	152946.80	1076269.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	152946.80	1076269.80

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	7461.96	17549.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7461.96	17549.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	22000.00
24. Independent Expenditures (use Schedule E) .....	77274.57	1477274.57
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 .....	1250.00	6250.00
(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)).....	1250.00	6250.00
29. Other Disbursements (Including Non-Federal Donations).....	187145.93	377557.92
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)) ..	279132.46	1900632.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	279132.46	1900632.45

**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) .....	22946.80	183269.80
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	6250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21696.80	177019.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7461.96	17549.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7461.96	17549.96

**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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. Albert, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 William Kelley Rd  
 City Stoughton State MA Zip Code 02072-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harodite Industries Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2020  
**Transaction ID : VVC9XQMN2Y2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Beck, Esther, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 Sandra Ave  
 City Harrisburg State PA Zip Code 17109-5816  
 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 ▼ 500.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : VVC9XQNEYD5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Chanales, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 384 Rutland Ave  
 City Teaneck State NJ Zip Code 07666-2842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herrick, Feinstein LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 19 / 2020  
**Transaction ID : VVC9XQJEYE8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 30
	<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)  
**DMFI PAC**

**A. Chanales, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 384 Rutland Ave  
 City Teaneck State NJ Zip Code 07666-2842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herrick, Feinstein LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 19 / 2020  
**Transaction ID : VVC9XQNFVM1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cohen, Brett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Wyndham Rd  
 City Short Hills State NJ Zip Code 07078-2806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PWC Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2020  
**Transaction ID : VVC9XQKGP65**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cohen, Harvey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4590 Merganser Ct  
 City Naples State FL Zip Code 34119-7970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFI Occupation (for Individual) Fundraiser  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2020  
**Transaction ID : VVC9XQKGP72**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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)  
**DMFI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cooper, Todd, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 18 / 2020 <b>Transaction ID : VVC9XQNEY52</b>		
Mailing Address 40 Cove Rd			Amount of Each Receipt this Period 5000.00		
City Oyster Bay	State NY	Zip Code 11771-2408	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) RIPCO		Occupation (for Individual) Owner			
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>B. Fanaroff, Carolyn, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 28 / 2020 <b>Transaction ID : VVC9XQNEV50</b>		
Mailing Address 508 Hermleigh Rd			Amount of Each Receipt this Period 500.00		
City Silver Spring	State MD	Zip Code 20902-1608	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) PwC		Occupation (for Individual) Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gottesman, Robin, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2020 <b>Transaction ID : VVC9XQNEYC8</b>		
Mailing Address 37 Sunflower Dr			Amount of Each Receipt this Period 500.00		
City Upper Saddle River	State NJ	Zip Code 07458-2041	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Photographer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 9 OF 30
	<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)  
**DMFI PAC**

**A. Green, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 E 75th St  
 Apt 4A  
 City New York State NY Zip Code 10021-2625  
 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 **05 / 13 / 2020**  
**Transaction ID : VVC9XQMZFF1**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Hellring, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 S Bayshore Dr  
 Apt 2G  
 City Miami State FL Zip Code 33133-6018  
 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 **750.00**

Date of Receipt **04 / 30 / 2020**  
**Transaction ID : VVC9XQKGY55**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Hellring, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 S Bayshore Dr  
 Apt 2G  
 City Miami State FL Zip Code 33133-6018  
 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 **750.00**

Date of Receipt **05 / 30 / 2020**  
**Transaction ID : VVC9XQNFVW4**  
 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)..... ▶

**750.00**  
**250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
<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)  
**DMFI PAC**

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

Mailing Address 150 E 69th St

City New York	State NY	Zip Code 10021-5704
------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2020

**Transaction ID : VVC9XQJEY80**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 150 E 69th St

City New York	State NY	Zip Code 10021-5704
------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2020

**Transaction ID : VVC9XQMZFG9**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 150 E 69th St

City New York	State NY	Zip Code 10021-5704
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2020

**Transaction ID : VVC9XQNFVE4**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
<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)  
**DMFI PAC**

**A. Pava, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Mohawk Dr  
 City West Hartford State CT Zip Code 06117-2227  
 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 ▼ 500.00

Date of Receipt 05 / 01 / 2020  
**Transaction ID : VVC9XQMEWX6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Perlman, Cary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1934 N Cleveland Ave  
 City Chicago State IL Zip Code 60614-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Latham & Watkins LLP Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 08 / 2020  
**Transaction ID : VVC9XQMN2S3**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Robinowitz, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 Osborne Ct  
 City Somerset State NJ Zip Code 08873-6020  
 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 05 / 24 / 2020  
**Transaction ID : VVC9XQNEY86**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<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 30
<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)  
**DMFI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Schneider, Bruce, H, ,</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2020 <b>Transaction ID : VVC9XQJEY98</b>
Mailing Address 17 Elmridge Dr		Amount of Each Receipt this Period 250.00
City Scarsdale	State NY	Zip Code 10583-6627
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Stroock	Occupation (for Individual) Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Schneider, Bruce, H, ,</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2020 <b>Transaction ID : VVC9XQNEY94</b>
Mailing Address 17 Elmridge Dr		Amount of Each Receipt this Period 250.00
City Scarsdale	State NY	Zip Code 10583-6627
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Stroock	Occupation (for Individual) Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Schore, David, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2020 <b>Transaction ID : VVC9XQMEWW8</b>
Mailing Address PO Box 141		Amount of Each Receipt this Period 1000.00
City Old Westbury	State NY	Zip Code 11568-0141
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Mark Holdings LLC	Occupation (for Individual) Real Estate Investment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 30
	<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)  
**DMFI PAC**

**A. Silverman, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19553 NE 37th Ave  
 City Aventura State FL Zip Code 33180-2570  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2020  
**Transaction ID : VVC9XQNFVR3**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Sokolow, Alvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 Radcliffe Dr  
 City Davis State CA Zip Code 95616-0943  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020  
**Transaction ID : VVC9XQMEWZ2**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Wangers, Gordon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Via Mantova Unit 403  
 City Henderson State NV Zip Code 89011-2020  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2020  
**Transaction ID : VVC9XQNFVF1**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5650.00
<b>TOTAL</b> This Period (last page this line number only).....	20700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AMERICANS FOR TOMORROW'S FUTURE**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00741009

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2020

**Transaction ID : VVC9XQNCQS0**

Amount of Each Receipt this Period  
100000.00

Memo Item

Non-Contribution Account

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

Mailing Address 6 Red Ground Rd

City Old Westbury State NY Zip Code 11568-1120

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

Name of Employer (for Individual) Occupation (for Individual)  
Kimco Realty Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2020

**Transaction ID : VVC9XQNEY60**

Amount of Each Receipt this Period  
25000.00

Memo Item

Non-Contribution Account

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

Mailing Address 40 Cove Rd

City Oyster Bay State NY Zip Code 11771-2408

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2020

**Transaction ID : VVC9XQNEY44**

Amount of Each Receipt this Period  
5000.00

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130000.00
<b>TOTAL</b> This Period (last page this line number only).....	130000.00

**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)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 04 / 01 / 2020		
Mailing Address 366 Summer St			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQA</b> Amount of Each Disbursement this Period [ ] 1.98		
City Somerville	State MA	Zip Code 02144-3132	Category/Type [ ]		
Purpose of Disbursement Credit Card Processing Fees			Candidate Name [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 04 / 08 / 2020		
Mailing Address 366 Summer St			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQA</b> Amount of Each Disbursement this Period [ ] 18.59		
City Somerville	State MA	Zip Code 02144-3132	Category/Type [ ]		
Purpose of Disbursement Credit Card Processing Fees			Candidate Name [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 04 / 19 / 2020		
Mailing Address 366 Summer St			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQA</b> Amount of Each Disbursement this Period [ ] 11.86		
City Somerville	State MA	Zip Code 02144-3132	Category/Type [ ]		
Purpose of Disbursement Credit Card Processing Fees			Candidate Name [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 32.43		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPQC**

Amount of Each Disbursement this Period: 62.04

Memo Item

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 01 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPRK**

Amount of Each Disbursement this Period: 69.94

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 08 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPRZ**

Amount of Each Disbursement this Period: 152.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 284.43

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2020	
Mailing Address 366 Summer St		FEC Identification Number C [ ] <b>Transaction ID : VVBANAPSE</b> Amount of Each Disbursement this Period [ ] 39.47	
City Somerville	State MA	Zip Code 02144-3132	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2020	
Mailing Address 366 Summer St		FEC Identification Number C [ ] <b>Transaction ID : VVBANAPSJ</b> Amount of Each Disbursement this Period [ ] 197.50	
City Somerville	State MA	Zip Code 02144-3132	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2020	
Mailing Address 366 Summer St		FEC Identification Number C [ ] <b>Transaction ID : VVBANAPSI</b> Amount of Each Disbursement this Period [ ] 109.26	
City Somerville	State MA	Zip Code 02144-3132	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 346.23
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 05 / 30 / 2020	
Mailing Address 366 Summer St			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPSH</b> Amount of Each Disbursement this Period [ ] 233.67	
City Somerville	State MA	Zip Code 02144-3132	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. Democratic Majority for Israel</b>			Date of Disbursement MM / DD / YYYY 04 / 23 / 2020	
Mailing Address 1023 31st St NW Ste 530			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQC</b> Amount of Each Disbursement this Period [ ] 3318.45	
City Washington	State DC	Zip Code 20007-4458	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Staff Salaries		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. Sandler Reiff Lamb Rosenstein &amp; Birkenstock, PC</b>			Date of Disbursement MM / DD / YYYY 05 / 29 / 2020	
Mailing Address 1090 Vermont Ave NW			FEC Identification Number C [ ] <b>Transaction ID : VVBANAPSH</b> Amount of Each Disbursement this Period [ ] 3241.00	
City Washington	State DC	Zip Code 20005-4905	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Legal Services		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6793.12
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 7456.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. Georgette Gomez for Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 777 S Figueroa St  
Ste 4050

M M M	/	D D D	/	Y Y Y Y Y
04		29		2020

City Los Angeles State CA Zip Code 90017-5864

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00719112
---	-----------

Candidate Name  
**GOMEZ, GEORGETTE, , ,**

Category/  
Type

Transaction ID : **VVBANAPQH**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CA District: 53

2000.00
---------

Memo Item

**B. GRACE FOR NEW YORK**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 656555

M M M	/	D D D	/	Y Y Y Y Y
04		29		2020

City Fresh Meadows State NY Zip Code 11365-6555

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00516666
---	-----------

Candidate Name  
**MENG, GRACE, , ,**

Category/  
Type

Transaction ID : **VVBANAPQH**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 06

2000.00
---------

Memo Item

**C. NADLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 200 W 79th St  
Apt 8N

M M M	/	D D D	/	Y Y Y Y Y
05		22		2020

City New York State NY Zip Code 10024-6215

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00290825
---	-----------

Candidate Name  
**NADLER, JERROLD L., , ,**

Category/  
Type

Transaction ID : **VVBANAPSE**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 10

2000.00
---------

Memo Item

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

6000.00
---------

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

6000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. Katz, Kay, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2020	
Mailing Address 2639 Twin Birch Rd		FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQC</b> Amount of Each Disbursement this Period [ ] 250.00	
City Hanover	State MD	Zip Code 21076-2053	Category/ Type [ ]
Purpose of Disbursement Refund		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shlachter, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020	
Mailing Address 4431 SW Eleanor Ln		FEC Identification Number C [ ] <b>Transaction ID : VVBANAPQY</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Portland	State OR	Zip Code 97221-1272	Category/ Type [ ]
Purpose of Disbursement Refund		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 1250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2020
Mailing Address 366 Summer St		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPSH</b>
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 1185.00
Candidate Name		Non-Contribution Account <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. Democratic Majority for Israel</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2020
Mailing Address 1023 31st St NW Ste 530		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPQC</b>
City Washington	State DC	Zip Code 20007-4458
Purpose of Disbursement Staff Salaries		Amount of Each Disbursement this Period 25309.05
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Majority for Israel</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2020
Mailing Address 1023 31st St NW Ste 530		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPQC</b>
City Washington	State DC	Zip Code 20007-4458
Purpose of Disbursement Rent		Amount of Each Disbursement this Period 1899.83
Candidate Name		Non-Contribution Account <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:		

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

28393.88

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. The Mellman Group**

Full Name (Last, First, Middle Initial)

Mailing Address 1023 31st St NW  
FI 5

City Washington State DC Zip Code 20007-4458

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 23 / 2020

FEC Identification Number: C

Transaction ID : VVBANAPQC

Amount of Each Disbursement this Period: 1899.83

\* Non-Contribution Account

Memo Item

**B. Democratic Majority for Israel**

Full Name (Last, First, Middle Initial)

Mailing Address 1023 31st St NW  
Ste 530

City Washington State DC Zip Code 20007-4458

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 23 / 2020

FEC Identification Number: C

Transaction ID : VVBANAPQC

Amount of Each Disbursement this Period: 4557.03

Non-Contribution Account

Memo Item

**C. AB Data**

Full Name (Last, First, Middle Initial)

Mailing Address 600 A B Data Dr

City Milwaukee State WI Zip Code 53217-4931

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 23 / 2020

FEC Identification Number: C

Transaction ID : VVBANAPQC

Amount of Each Disbursement this Period: 1500.00

\* Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4557.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. Berger Hirschberg Strategies**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1010 Vermont Ave NW  
Ste 814

M M M	/	D D D	/	Y Y Y Y Y
04		23		2020

City Washington State DC Zip Code 20005-4957

FEC Identification Number

Purpose of Disbursement  
Fundraising Consulting Services

C
---

Transaction ID : **VVBANAPQC**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3057.03
---------

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

\* Non-Contribution Account

State: District:

Memo Item

**B. Intuit**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2800 E Commerce Center PI

M M M	/	D D D	/	Y Y Y Y Y
04		20		2020

City Tucson State AZ Zip Code 85706-4559

FEC Identification Number

Purpose of Disbursement  
Software

C
---

Transaction ID : **VVBANAPQA**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

42.40
-------

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

Non-Contribution Account

State: District:

Memo Item

**C. Intuit**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2800 E Commerce Center PI

M M M	/	D D D	/	Y Y Y Y Y
05		19		2020

City Tucson State AZ Zip Code 85706-4559

FEC Identification Number

Purpose of Disbursement  
Software

C
---

Transaction ID : **VVBANAPS7**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

42.40
-------

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

Non-Contribution Account

State: District:

Memo Item

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

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

84.80
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

**A. Lebin Yates Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 41112

City Austin State TX Zip Code 78704-0019

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPQA**

Amount of Each Disbursement this Period: 1500.00

Non-Contribution Account

Memo Item

**B. Lebin Yates Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 41112

City Austin State TX Zip Code 78704-0019

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPRZL**

Amount of Each Disbursement this Period: 3000.00

Non-Contribution Account

Memo Item

**C. NGP VAN**

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Database Software & Support

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 02 / 2020

FEC Identification Number: C

Transaction ID : **VVBANAPMI**

Amount of Each Disbursement this Period: 50.00

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4550.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address 1445 New York Ave NW Ste 200		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPQY</b> Amount of Each Disbursement this Period 50.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-2158		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSP</b> Amount of Each Disbursement this Period 50.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Database Software & Support		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <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. NGP VAN</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 1445 New York Ave NW Ste 200		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSP</b> Amount of Each Disbursement this Period 50.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-2158		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Database Software & Support		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sage Media Planning &amp; Placement, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 1322 G St SE		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003-3021		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Competitive Tracking Services		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : <b>VVBANAPSF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <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:		

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

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

625.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. Stanford Campaigns</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2020	
Mailing Address 3800 N Lamar Blvd Ste 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPMZ</b> Amount of Each Disbursement this Period 6000.00	
City Austin	State TX	Zip Code 78756-0003	Category/Type [REDACTED]
Purpose of Disbursement Polling Research		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stanford Campaigns</b>		Date of Disbursement MM / DD / YYYY 04 / 21 / 2020	
Mailing Address 3800 N Lamar Blvd Ste 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPQA</b> Amount of Each Disbursement this Period 6510.00	
City Austin	State TX	Zip Code 78756-0003	Category/Type [REDACTED]
Purpose of Disbursement Polling Research		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Trilogy Interactive, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2020	
Mailing Address PO Box 4177		FEC Identification Number C [REDACTED] <b>Transaction ID : VVBANAPTM</b> Amount of Each Disbursement this Period 22901.62	
City Mountain View	State CA	Zip Code 94040-0177	Category/Type [REDACTED]
Purpose of Disbursement IE Not Yet Disseminated		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	35411.62
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**DMFI PAC**

Full Name (Last, First, Middle Initial) <b>A. Trilogy Interactive, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020	
Mailing Address PO Box 4177		FEC Identification Number C [ ]	
City Mountain View	State CA	Zip Code 94040-0177	Transaction ID : <b>VVBANAPTM</b>
Purpose of Disbursement IE Not Yet Disseminated		Category/ Type [ ]	Amount of Each Disbursement this Period 113376.00
Candidate Name			<input type="checkbox"/> Non-Contribution Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</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).....▶	113376.00
<b>TOTAL</b> This Period (last page this line number only).....▶	186998.33

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**DMFI PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Communication Solutions, Inc.</b>			Nature of Debt (Purpose): Phone Banking
Mailing Address 41750 Rancho Las Palmas Dr Ste E-3			
City Rancho Mirage	State CA	Zip Code 92270-5511	

Outstanding Balance Beginning This Period	Transaction ID : <b>VV9C59HCR72</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="49589.00"/>	<input type="text" value="0.00"/>	<input type="text" value="49589.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Democratic Majority for Israel</b>			Nature of Debt (Purpose): Staff Salaries, Rent, and Fundraising Expenses
Mailing Address 1023 31st St NW Ste 530			
City Washington	State DC	Zip Code 20007-4458	

Outstanding Balance Beginning This Period	Transaction ID : <b>VV9C59HCPG9</b>	
<input type="text" value="35084.36"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="35084.36"/>	<input type="text" value="0.00"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="49589.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="49589.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="49589.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DMFI PAC
FEC IDENTIFICATION NUMBER C C00710848

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

Full Name of Payee Campaign Communication Solutions, Inc.
Mailing Address 41750 Rancho Las Palmas Dr Ste E-3
City Rancho Mirage State CA Zip Code 92270-5511
Purpose of Expenditure Actual Cost for Phone Banking as Disclosed on 6/5/20 48-hour Report
Category/Type 004
Date of Public Distribution/Dissemination 06/03/2020
Amount 49589.00
Transaction ID : VVBANAPTMT0
Date of Disbursement or Obligation

Name of Federal Candidate: ENGEL, ELIOT L., ,
Support Oppose
Office Sought: House Senate State: NY
District: 16
Calendar Year-To-Date Per Election for Office Sought 52946.19
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee Sisneros Strategies, LLC
Mailing Address 3213 Duke St # 280
City Alexandria State VA Zip Code 22314-4533
Purpose of Expenditure List Acquisition
Category/Type 004
Date of Public Distribution/Dissemination 06/03/2020
Amount 3357.19
Transaction ID : VVBANAPSP6
Date of Disbursement or Obligation 06/02/2020

Name of Federal Candidate: ENGEL, ELIOT L., ,
Support Oppose
Office Sought: House Senate State: NY
District: 16
Calendar Year-To-Date Per Election for Office Sought 52946.19
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3357.19
(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.

Lebin, Jennifer, ,

[Electronically Filed]

Date 06/11/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DMFI PAC
FEC IDENTIFICATION NUMBER C C00710848

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

Full Name of Payee Trilog Interactive, LLC
Mailing Address PO Box 4177
City Mountain View State CA Zip Code 94040-0177
Purpose of Expenditure Actual Cost of Digital Advertising Production & Dissemination as Disclosed on 5/25/20 24-Hour Report
Category/Type 004
Date of Public Distribution/Dissemination 05 / 24 / 2020
Amount 73917.38
Transaction ID : VVBANAPS9V7
Date of Disbursement or Obligation 05 / 22 / 2020

Name of Federal Candidate: PLAME, VALERIE, ,
Support Oppose
Office Sought: House District: 03
President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 73917.38
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 73917.38, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 77274.57

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.

Lebin, Jennifer, ,

[Electronically Filed]

Date 06 / 11 / 2020

Signature