

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

The Action PAC

ADDRESS (number and street)

3041 Mission St #307

▼
 Check if different
than previously
reported. (ACC)

San Francisco

CA

94110

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C007121093. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

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

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

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12S)		

Election on

 / / in the
State of

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

<input type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)
--------------------------	---------------	--------------------------	--------------	--------------------------	---------------

Election on

 / / in the
State of

5. Covering Period

 01 01 2020

through

 03 31 2020

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

Merritt, Lee, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Merritt, Lee, , ,

[Electronically Filed]

Date

 04 15 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.

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Action PAC

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2020

To:

M M
03D D
31Y Y Y Y Y
2020

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2020	180177.20
(b) Cash on Hand at Beginning of Reporting Period.....		180177.20
(c) Total Receipts (from Line 19)		234525.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		414702.91
7. Total Disbursements (from Line 31).....		258966.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		155736.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The Action PAC

Report Covering the Period: From:

M 01 / D 01 / Y 2020

To: M 03 / D 31 / Y 2020

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).....	8900.00	8900.00
(ii) Unitemized	18966.00	18966.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	27866.00	27866.00
(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)	27866.00	27866.00
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).....	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.).....	206659.71	206659.71
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))	234525.71	234525.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	234525.71	234525.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1342.86	1342.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1342.86	1342.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	88.00	88.00
(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)).....	88.00	88.00
29. Other Disbursements (Including Non-Federal Donations).....	257535.81	257535.81
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))..	258966.67	258966.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	258966.67	258966.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27866.00	27866.00
34. Total Contribution Refunds (from Line 28(d))	88.00	88.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27778.00	27778.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1342.86	1342.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1342.86	1342.86

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 98

(check only one)

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

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

NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bannerman, Margaret, , ,

Mailing Address 176 Stanyan Street

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual)

PAR anesth

Occupation (for Individual)

PAR anesthesiologyanesthesiologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M = M 03	/	D = D 11	/	Y = Y 2020
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Transaction ID : SA11AI.52761

Amount of Each Receipt this Period

25.00

 Memo Item

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

Mailing Address 13048 Knaus Road

City Lake Oswego	State OR	Zip Code 97034
---------------------	-------------	-------------------

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

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 01	/	D = D 31	/	Y = Y 2020
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Transaction ID : SA11AI.53947

Amount of Each Receipt this Period

500.00

 Memo Item

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

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

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

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA11AI.54567

Amount of Each Receipt this Period

250.00

 Memo Item

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

775.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York State NY Zip Code 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
none none

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

775.00

Date of Receipt

M = M / D = D / Y = Y
02 03 2020

Transaction ID : SA11AI.53605

Amount of Each Receipt this Period

250.00

Memo Item

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

Mailing Address 2211 Broadway Apt. 10D

City New York State NY Zip Code 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
none none

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

1340.00

Date of Receipt

M = M / D = D / Y = Y
03 03 2020

Transaction ID : SA11AI.52909

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ford, LouLou, , ,

Mailing Address 2226 9th St

City Berkeley State CA Zip Code 94701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt

M = M / D = D / Y = Y
03 11 2020

Transaction ID : SA11AI.52746

Amount of Each Receipt this Period

50.00

Memo Item

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

550.00

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

550.00

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 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Galamba, George, , ,

Mailing Address 2033 KLEE PL

City DAVIS State CA Zip Code 95618

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 / 26 / 2020

Transaction ID : SA11AI.52517

Amount of Each Receipt this Period

50.00

Memo Item

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

Not Employed Not Employed

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester State MA Zip Code 01604

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
02 / 10 / 2020

Transaction ID : SA11AI.53380

Amount of Each Receipt this Period

12.50

Memo Item

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

UMass Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester State MA Zip Code 01604

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
02 / 21 / 2020

Transaction ID : SA11AI.53301

Amount of Each Receipt this Period

50.00

Memo Item

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

UMass Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

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

112.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester	State MA	Zip Code 01604
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UMass

Occupation (for Individual)

Computer Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M = M 03	/	D = D 10	/	Y = Y 2020
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Transaction ID : SA11AI.52725

Amount of Each Receipt this Period

12.50

Memo Item

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

B. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M = M 02	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA11AI.53193

Amount of Each Receipt this Period

50.00

Memo Item

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

C. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M = M 03	/	D = D 28	/	Y = Y 2020
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Transaction ID : SA11AI.52535

Amount of Each Receipt this Period

50.00

Memo Item

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

112.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Margulis, Lisa, , ,

Mailing Address 2460 Silver Ridge Avenue

City Los Angeles State CA Zip Code 90039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE Directors Bureau

Occupation (for Individual)

Executive Producer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

462.50

Date of Receipt

M = M / D = D / Y = Y
03 09 2020

Transaction ID : SA11AI.52655

Amount of Each Receipt this Period

12.50

Memo Item

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

B. McClain, Anyka, , ,

Mailing Address 2226 Washington Ave #203

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAPMG

Occupation (for Individual)
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y
03 15 2020

Transaction ID : SA11AI.52876

Amount of Each Receipt this Period

50.00

Memo Item

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

C. Mickael, Peter, , ,

Mailing Address 4910 Randall Oak Dr.

City Sugar Land State TX Zip Code 77478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harman

Occupation (for Individual)
Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M = M / D = D / Y = Y
02 18 2020

Transaction ID : SA11AI.53253

Amount of Each Receipt this Period

125.00

Memo Item

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

187.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Miller, Kentay, , ,

Mailing Address 555 Tenth ave

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Personal

Occupation (for Individual)

Finance

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M = M / D = D / Y = Y
02 / 08 / 2020

Transaction ID : SA11AI.53767

Amount of Each Receipt this Period

125.00

Memo Item

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

B. Miller, Kentay, , ,

Mailing Address 555 Tenth ave

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Personal

Occupation (for Individual)

Finance

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M = M / D = D / Y = Y
03 / 08 / 2020

Transaction ID : SA11AI.53079

Amount of Each Receipt this Period

125.00

Memo Item

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

C. Montoya, Danny, , ,

Mailing Address 4411 Cabrillo St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

self

Receipt For:

Primary General
 Other (specify)

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M = M / D = D / Y = Y
03 / 13 / 2020

Transaction ID : SA11AI.52835

Amount of Each Receipt this Period

50.00

Memo Item

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

300.00

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

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

Mailing Address 9407 Kildare

City Skokie State IL Zip Code 60076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
Chicago Coalition for the Homeless Fundraiser

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y
03 12 2020

Transaction ID : SA11AI.52787

Amount of Each Receipt this Period

50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. O'Keefe, Dorothy, , ,

Mailing Address 10116 CHESTNUT GROVE TER

City MECHANICSVILLE State VA Zip Code 23116-7210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
Virginia Commonwealth University child psychiatrist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

241.50

Date of Receipt

M = M / D = D / Y = Y
03 16 2020

Transaction ID : SA11AI.52550

Amount of Each Receipt this Period

37.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Seaver, Patrick, , ,

Mailing Address 5925 The Toledo

City Long Beach State CA Zip Code 90803-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y
03 07 2020

Transaction ID : SA11AI.53062

Amount of Each Receipt this Period

500.00

Memo Item

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

587.50

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Stiller, Robert, , ,

Mailing Address 589 N County Rd

City Palm Beach State FL Zip Code 33480

FEC ID number of contributing
federal political committee.

C

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

Not Employed

Not Employed

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y
02 / 04 / 2020

Transaction ID : SA11AI.53626

Amount of Each Receipt this Period

5000.00

Memo Item

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

B. Torres-Mackie, Pedro, , ,

Mailing Address 130 Furman Street Apt S403

City Brooklyn State NY Zip Code 11201

FEC ID number of contributing
federal political committee.

C

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

Quotidian Ventures Founder

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y
03 / 11 / 2020

Transaction ID : SA11AI.52740

Amount of Each Receipt this Period

50.00

Memo Item

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

C. Turino, Matt, , ,

Mailing Address 403 S. Glover Ave

City Urbana State IL Zip Code 61802

FEC ID number of contributing
federal political committee.

C

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

University of Illinois Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M = M / D = D / Y = Y
02 / 28 / 2020

Transaction ID : SA11AI.53194

Amount of Each Receipt this Period

250.00

Memo Item

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

5300.00

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

5300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Turino, Matt, , ,

Mailing Address 403 S. Glover Ave

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 12 2020

Transaction ID : SA11AI.52799

Amount of Each Receipt this Period

50.00

Memo Item

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

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

B. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
01 31 2020

Transaction ID : SA11AI.53943

Amount of Each Receipt this Period

250.00

Memo Item

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

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

C. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
02 29 2020

Transaction ID : SA11AI.53225

Amount of Each Receipt this Period

250.00

Memo Item

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

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

550.00

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

550.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 31 2020

Transaction ID : SA11AI.52459

Amount of Each Receipt this Period

250.00

Memo Item

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

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

B. Youn, Heung-Ki, , ,

Mailing Address 8025 Greenridge #92

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
02 07 2020

Transaction ID : SA11AI.53726

Amount of Each Receipt this Period

125.00

Memo Item

Name of Employer (for Individual)

Mode Analytics

Occupation (for Individual)

Engineer

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

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

C. Zelaznik, Rashelle, , ,

Mailing Address 10540 Clarkson Rd

City Los Angeles	State CA	Zip Code 90064
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 12 2020

Transaction ID : SA11AI.52788

Amount of Each Receipt this Period

50.00

Memo Item

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

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

425.00

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

8900.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(check only one)

11a	11b	11c	12
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		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Abramson, Dylan, , ,

Mailing Address 9 Foxwood Road

City New Paltz	State NY	Zip Code 12561
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M 01	/	D D 26	/	Y Y Y Y Y 2020
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Transaction ID : SA17.70308

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

B. Bannerman, Margaret, , ,

Mailing Address 176 Stanyan Street

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PAR anesth

Occupation (for Individual)

PAR anesthesiologyanesthesiologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M 03	/	D D 11	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

Transaction ID : SA17.61665

Amount of Each Receipt this Period

25.00

Memo Item

Non-Contribution Account

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

C. Bannerman, Margaret, , ,

Mailing Address 176 Stanyan Street

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PAR anesth

Occupation (for Individual)

PAR anesthesiologyanesthesiologist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M 03	/	D D 12	/	Y Y Y Y Y 2020
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Transaction ID : SA17.61798

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

375.00

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
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17

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Barr, Benjamin, , ,

Mailing Address 8812 20th Ave NE A205

City Seattle	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Washington

Occupation (for Individual)

Graduate Research Assistant

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M = M 03	/	D = D 15	/	Y = Y 2020
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Transaction ID : SA17.63507

Amount of Each Receipt this Period

750.00

 Memo Item

Non-Contribution Account

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

B. Belcastro, Dana, , ,

Mailing Address 2166 Ridgemont Drive

City Los Angeles	State CA	Zip Code 90046
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Producer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 02	/	D = D 09	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.68081

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

C. Beman, Ann E, , ,

Mailing Address 141 Tobias St. Box 681

City Kernville	State CA	Zip Code 93238
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

writer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
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Transaction ID : SA17.58189

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

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

1125.00

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

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(check only one)

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		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Bogardus, Bob, , ,

Mailing Address 26597 Fisher Dr

City Carmel	State CA	Zip Code 93923
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.73235

Amount of Each Receipt this Period

527.00

Name of Employer (for Individual)

Self	Occupation (for Individual)
------	-----------------------------

Receipt For:	Computer Consultant
--------------	---------------------

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

527.00

Memo Item

Non-Contribution Account

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

B. Bogardus, Bob, , ,

Mailing Address 26597 Fisher Dr

City Carmel	State CA	Zip Code 93923
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 02	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67055

Amount of Each Receipt this Period

527.00

Name of Employer (for Individual)

Self	Occupation (for Individual)
------	-----------------------------

Receipt For:	Computer Consultant
--------------	---------------------

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1054.00

Memo Item

Non-Contribution Account

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

C. Bogardus, Bob, , ,

Mailing Address 26597 Fisher Dr

City Carmel	State CA	Zip Code 93923
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 02	/	D = D 20	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66447

Amount of Each Receipt this Period

100.00

Name of Employer (for Individual)

Self	Occupation (for Individual)
------	-----------------------------

Receipt For:	Computer Consultant
--------------	---------------------

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1154.00

Memo Item

Non-Contribution Account

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

1154.00

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Bogardus, Bob, , ,

Mailing Address 26597 Fisher Dr

City Carmel	State CA	Zip Code 93923
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self	Occupation (for Individual) Computer Consultant
------	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1681.00

Date of Receipt

M = M 03	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61748

Amount of Each Receipt this Period

527.00

Memo Item

Non-Contribution Account

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

B. Bogardus, Bob, , ,

Mailing Address 26597 Fisher Dr

City Carmel	State CA	Zip Code 93923
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self	Occupation (for Individual) Computer Consultant
------	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1731.00

Date of Receipt

M = M 03	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61774

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

C. Borders, Emily, , ,

Mailing Address 727 Sansome Street

City San Francisco	State CA	Zip Code 94131
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Highwire PR	Occupation (for Individual) PR
-------------	-----------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.57927

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

677.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 98

(check only one)

11a	11b	11c	12
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		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Brisk, Mary Alida, , ,

Mailing Address 420 Melrose Ave E #802

City SEATTLE	State WA	Zip Code 98102
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lurie Children's Hospital

Occupation (for Individual)

Healthcare

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.58585

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

B. Burke, Minnie, , ,

Mailing Address 207A East Squantum St

City Quincy	State MA	Zip Code 02171
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 03	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.57652

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

C. Chapman, Charles, , ,

Mailing Address 13048 Knaus Road

City Lake Oswego	State OR	Zip Code 97034
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 01	/	D = D 31	/	Y = Y 2020
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Transaction ID : SA17.68721

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

1250.00

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

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(check only one)

11a	11b	11c	12
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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Dart, Joshua, , ,

Mailing Address 14304 60th Ave SE

City Everett	State WA	Zip Code 98208
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ATT

Occupation (for Individual)

Area Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M = M 03	/	D = D 18	/	Y = Y 2020
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Transaction ID : SA17.59439

Amount of Each Receipt this Period

75.00

Memo Item

Non-Contribution Account

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

B. Davis, Tracy, , ,

Mailing Address 5501 West Gladys Avenue

City Chicago	State IL	Zip Code 60644
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ILDHS Division of Mental Health

Occupation (for Individual)

Health Information Administrator

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M = M 02	/	D = D 20	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66348

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

C. Davis, Tracy, , ,

Mailing Address 5501 West Gladys Avenue

City Chicago	State IL	Zip Code 60644
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ILDHS Division of Mental Health

Occupation (for Individual)

Health Information Administrator

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M = M 03	/	D = D 19	/	Y = Y 2020
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Transaction ID : SA17.59513

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

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

180.00

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
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(check only one)

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. de Rainier, Kerr, , ,

Mailing Address 901 NE 43rd Street #305

City Seattle	State WA	Zip Code 98105
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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Date of Receipt

M = M 03	/	D = D 18	/	Y = Y 2020
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Transaction ID : SA17.59370

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contributor Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Docherty, Kerry, , ,

Mailing Address 56 court street 7A

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Faherty	Occupation (for Individual) Self employed
--	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59023

Amount of Each Receipt this Period

500.00

 Memo Item

Non-Contributor Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Doyle, Liana, , ,

Mailing Address 110 East End Ave #11G

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M = M 03	/	D = D 14	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.62594

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contributor Account

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

650.00

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

--

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Doyle, Liana, , ,

Mailing Address 110 East End Ave #11G

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Occupation (for Individual)

Tutor

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M = M 03	/	D = D 20	/	Y = Y 2020
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Transaction ID : SA17.59711

Amount of Each Receipt this Period

10.00

Memo Item

Non-Contribution Account

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

B. Doyle, Liana, , ,

Mailing Address 110 East End Ave #11G

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Occupation (for Individual)

Tutor

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
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Transaction ID : SA17.61092

Amount of Each Receipt this Period

30.00

Memo Item

Non-Contribution Account

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

C. Eastwood, Dina, , ,

Mailing Address 10100 Santa Monica Blvd Ste 65

City LOS ANGELES	State CA	Zip Code 90067
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Occupation (for Individual)

Not Employed

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.58562

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

290.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ebron, Diana, , ,

Mailing Address 4445 Grey Spencer Drive

City Las Vegas	State NV	Zip Code 89141
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Kim Gilbert Ebron	Occupation (for Individual) Attorney
--	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

250.00

Date of Receipt

M = M 03	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.57308

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Eeg, Kurt, , ,

Mailing Address 3239 Nashville Ave.

City New Orleans	State LA	Zip Code 70125-4723
---------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) sanford	Occupation (for Individual) health care
--	--

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

204.00

Date of Receipt

M = M 03	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64255

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Eeg, Kurt, , ,

Mailing Address 3239 Nashville Ave.

City New Orleans	State LA	Zip Code 70125-4723
---------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) sanford	Occupation (for Individual) health care
--	--

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

231.00

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56188

Amount of Each Receipt this Period

27.00

 Memo Item

Non-Contribution Account

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

327.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Ellis, Carl, , ,

Mailing Address 249-23 Mayda Rd

City Rosedale	State NY	Zip Code 11422
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Port Authority of NY & NJ

Occupation (for Individual)

Customer Service

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64311

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

B. ELSBACH, JANET, , ,

Mailing Address P.O. Box 454

City Great Barrington	State MA	Zip Code 01230
--------------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 01	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.71632

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

C. ELSBACH, JANET, , ,

Mailing Address P.O. Box 454

City Great Barrington	State MA	Zip Code 01230
--------------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 02	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66074

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

1100.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ELSBACH, JANET, , ,

Mailing Address P.O. Box 454

City Great Barrington	State MA	Zip Code 01230
--------------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59596

Amount of Each Receipt this Period

500.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1500.00

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

B. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2020
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Transaction ID : SA17.73544

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

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

C. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 10	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.72887

Amount of Each Receipt this Period

15.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

515.00

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

765.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M = M 01	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.71700

Amount of Each Receipt this Period

10.00

Memo Item

Non-Contribution Account

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

B. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M = M 02	/	D = D 03	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67342

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

C. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M = M 02	/	D = D 10	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66931

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

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

265.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M = M 02	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66140

Amount of Each Receipt this Period

10.00

Memo Item

Non-Contributor Account

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

B. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M = M 02	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65215

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contributor Account

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

C. Foote, Lynne, , ,

Mailing Address One Columbus Place Apt N44B

City New York	State NY	Zip Code 10019
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Non Profit

Occupation (for Individual)

Self Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 03	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63723

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contributor Account

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

310.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

M = M 03	/	D = D 10	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61614

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

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

B. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M = M 03	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59655

Amount of Each Receipt this Period

10.00

Memo Item

Non-Contribution Account

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

C. Foote, Lynne, , ,

Mailing Address 2211 Broadway Apt. 10D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1455.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59204

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

115.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Ford, LouLou, , ,

Mailing Address 2226 9th St

City Berkeley	State CA	Zip Code 94701
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 11	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61649

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

B. Galamba, George, , ,

Mailing Address 2033 KLEE PL

City DAVIS	State CA	Zip Code 95618
---------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 26	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55754

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

C. Getman, Teresa R, , ,

Mailing Address 59750 34th Ave

City Bangor	State MI	Zip Code 49013
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Business

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 01	/	D = D 22	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.69892

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

600.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Getman, Teresa R, , ,

Mailing Address 59750 34th Ave

City Bangor	State MI	Zip Code 49013
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 26	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.70362

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GOLDSMITH, RACHEL, , ,

Mailing Address 142 Carolina Ave Address 2

City Boston	State MA	Zip Code 02130
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 19	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59524

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GOLDSMITH, RACHEL, , ,

Mailing Address 142 Carolina Ave Address 2

City Boston	State MA	Zip Code 02130
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 24	/	Y = Y 2020
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Transaction ID : SA17.55633

Amount of Each Receipt this Period

200.00

Memo Item

Non-Contribution Account

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
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SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Goodman, David, ,

Mailing Address 10 MountainView Road

City Upper Saddle River	State NJ	Zip Code 07458
----------------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 11	/	Y = Y 2020
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Transaction ID : SA17.61681

Amount of Each Receipt this Period

1000.00

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

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

B. Hara, Nicholas, ,

Mailing Address 413 Northeast 70th Street #312

City Seattle	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
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Transaction ID : SA17.59202

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Microsoft

Occupation (for Individual)

Software Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

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

C. Hemingway, Anthony, ,

Mailing Address 150 Motor Parkway Suite 401

City Hauppauge	State NY	Zip Code 11788
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
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Transaction ID : SA17.56287

Amount of Each Receipt this Period

1000.00

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Self

Occupation (for Individual)

Film/TV Director

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

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

2100.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester State MA Zip Code 01604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
UMass Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M = M 01 / D = D 19 / Y = Y 2020

Transaction ID : SA17.71948

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester State MA Zip Code 01604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
UMass Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M = M 02 / D = D 10 / Y = Y 2020

Transaction ID : SA17.66922

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester State MA Zip Code 01604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)
UMass Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M = M 02 / D = D 10 / Y = Y 2020

Transaction ID : SA17.66924

Amount of Each Receipt this Period

12.50

Memo Item

Non-Contribution Account

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

267.50

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

267.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester	State MA	Zip Code 01604
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UMass

Occupation (for Individual)

Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M = M / D = D / Y = Y
02 / 21 / 2020

Transaction ID : SA17.66645

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

B. Hull, Christopher, , ,

Mailing Address 51 Alvarado Ave #103

City Worcester	State MA	Zip Code 01604
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UMass

Occupation (for Individual)

Computer Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M = M / D = D / Y = Y
03 / 10 / 2020

Transaction ID : SA17.61604

Amount of Each Receipt this Period

12.50

Memo Item

Non-Contribution Account

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

C. Hutchison, Evan, , ,

Mailing Address 136 Wilson Ave 2R

City Brooklyn	State NY	Zip Code 11237
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Roo Inc.

Occupation (for Individual)

Marketing

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y
01 / 09 / 2020

Transaction ID : SA17.72611

Amount of Each Receipt this Period

5000.00

Memo Item

Non-Contribution Account

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

5062.50

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Jean Baptiste, Jayson, , ,

Mailing Address 6320 SW Dawn St.

City Lake Oswego	State OR	Zip Code 97035
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual) Smith & Nephew	Occupation (for Individual) Medical Sales
---	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

Date of Receipt

M = M 02	/	D = D 13	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67095

Amount of Each Receipt this Period

200.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Jean Baptiste, Jayson, , ,

Mailing Address 6320 SW Dawn St.

City Lake Oswego	State OR	Zip Code 97035
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual) Smith & Nephew	Occupation (for Individual) Medical Sales
---	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00
---	------------------------------------

Date of Receipt

M = M 03	/	D = D 13	/	Y = Y 2020
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Transaction ID : SA17.61821

Amount of Each Receipt this Period

200.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jean Baptiste, Sarah, , ,

Mailing Address 6320 SW Dawn St

City Lake Oswego	State OR	Zip Code 97035
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual) Oregon Health and Science University	Occupation (for Individual) Physician Assistant
---	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M = M 03	/	D = D 13	/	Y = Y 2020
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Transaction ID : SA17.61822

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

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

500.00

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

500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

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		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Jermasek-John, Jennifer, , ,

Mailing Address 3190 Ilo Way

City Stillwater	State MN	Zip Code 55082
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 02	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67772

Amount of Each Receipt this Period

50.00

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

205.00

Memo Item

Non-Contribution Account

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

B. Jermasek-John, Jennifer, , ,

Mailing Address 3190 Ilo Way

City Stillwater	State MN	Zip Code 55082
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 02	/	D = D 20	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66175

Amount of Each Receipt this Period

5.00

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210.00

Memo Item

Non-Contribution Account

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

C. Jermasek-John, Jennifer, , ,

Mailing Address 3190 Ilo Way

City Stillwater	State MN	Zip Code 55082
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64263

Amount of Each Receipt this Period

50.00

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

260.00

Memo Item

Non-Contribution Account

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

105.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Jermasek-John, Jennifer, , ,

Mailing Address 3190 Ilo Way

City Stillwater	State MN	Zip Code 55082
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M = M 03	/	D = D 20	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59693

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

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

B. Johnson, Zahra, , ,

Mailing Address 2186 5th Ave 7K

City New York	State NY	Zip Code 10037
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Google

Occupation (for Individual)

Program Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59099

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

C. karsch, harris, , ,

Mailing Address 21230 homestead rd #106

City cupertino	State CA	Zip Code 95014
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Google

Occupation (for Individual)

software engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 30	/	Y = Y 2020
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Transaction ID : SA17.54717

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

605.00

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

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11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Kikel, Glenn, , ,

Mailing Address Box 2617

City Lyons	State CO	Zip Code 80540
---------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M = M 03	/	D = D 17	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59340

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

B. Kure, Larisa, , ,

Mailing Address 681 28th Ave.

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCSF School of Dentistry

Occupation (for Individual)

Dean

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M = M 03	/	D = D 16	/	Y = Y 2020
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Transaction ID : SA17.59244

Amount of Each Receipt this Period

25.00

Memo Item

Non-Contribution Account

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

C. Kure, Larisa, , ,

Mailing Address 681 28th Ave.

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCSF School of Dentistry

Occupation (for Individual)

Dean

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M = M 03	/	D = D 16	/	Y = Y 2020
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Transaction ID : SA17.59245

Amount of Each Receipt this Period

27.00

Memo Item

Non-Contribution Account

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

102.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ladzinski, Jennifer, , ,

Mailing Address 1101 N 12th St. #8

City Tacoma	State WA	Zip Code 98403
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Rebuilding Hope!	Occupation (for Individual) Therapist
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56177

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Langenhop, Mary Lou, , ,

Mailing Address 16790 Connector Rd

City Fredericktown	State OH	Zip Code 43019
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) none	Occupation (for Individual) none
---	-------------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.60442

Amount of Each Receipt this Period

30.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Langenhop, Mary Lou, , ,

Mailing Address 16790 Connector Rd

City Fredericktown	State OH	Zip Code 43019
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) none	Occupation (for Individual) none
---	-------------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M = M 03	/	D = D 28	/	Y = Y 2020
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Transaction ID : SA17.57128

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

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

180.00

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Lesnikov, Nikolai, ,

Mailing Address 1703 Harvard Ave Apt. 5

City Seattle	State WA	Zip Code 98122
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Marchex Inc.

Occupation (for Individual)

Attorney

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
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Transaction ID : SA17.58541

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

B. Longshore, Sandra, , ,

Mailing Address 9201 Kings Hwy. #4J

City Brooklyn	State NY	Zip Code 11212
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NYC

Occupation (for Individual)

Paralegal

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 03	/	D = D 14	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.62677

Amount of Each Receipt this Period

1000.00

Memo Item

Non-Contribution Account

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

C. Lowery, Katherine, , ,

Mailing Address 604 North Prospect Apt. A

City Tacoma	State WA	Zip Code 98406
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkway Tavern

Occupation (for Individual)

Bartender/Cook

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 31	/	Y = Y 2020
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Transaction ID : SA17.55232

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

1200.00

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
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11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lubomirski, Alexis, , ,

Mailing Address 250 Mercer st.

City new york	State NY	Zip Code 10012
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 03	/	D = D 31	/	Y = Y 2020
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Transaction ID : SA17.55294

Amount of Each Receipt this Period

500.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M = M 02	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65475

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 08	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64375

Amount of Each Receipt this Period

20.00

 Memo Item

Non-Contribution Account

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

570.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59875

Amount of Each Receipt this Period

20.00

Memo Item

Non-Contribution Account

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

B. Ludvigsen, Aari, , ,

Mailing Address 105 W 13th St 6C

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M = M 03	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56934

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

C. Margulis, Lisa, , ,

Mailing Address 2460 Silver Ridge Avenue

City Los Angeles	State CA	Zip Code 90039
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE Directors Bureau

Occupation (for Individual)

Executive Producer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M = M 02	/	D = D 25	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64797

Amount of Each Receipt this Period

300.00

Memo Item

Non-Contribution Account

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

370.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Margulis, Lisa, , ,

Mailing Address 2460 Silver Ridge Avenue

City Los Angeles	State CA	Zip Code 90039
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 09 2020

Transaction ID : SA17.61496

Amount of Each Receipt this Period

12.50

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

THE Directors Bureau

Occupation (for Individual)

Executive Producer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

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

B. Margulis, Lisa, , ,

Mailing Address 2460 Silver Ridge Avenue

City Los Angeles	State CA	Zip Code 90039
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 25 2020

Transaction ID : SA17.55673

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

THE Directors Bureau

Occupation (for Individual)

Executive Producer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

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

C. McClain, Anyka, , ,

Mailing Address 2226 Washington Ave #203

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y
03 15 2020

Transaction ID : SA17.63255

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

Name of Employer (for Individual)

MAPMG

Occupation (for Individual)

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

112.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Merz, Andrew, , ,

Mailing Address 2830 18TH ST

City Boulder	State CO	Zip Code 80304
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.60413

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

B. Mickael, Peter, , ,

Mailing Address 4910 Randall Oak Dr.

City Sugar Land	State TX	Zip Code 77478
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harman

Occupation (for Individual)

Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/	D = D 18	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.71419

Amount of Each Receipt this Period

125.00

Memo Item

Non-Contribution Account

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

C. Mickael, Peter, , ,

Mailing Address 4910 Randall Oak Dr.

City Sugar Land	State TX	Zip Code 77478
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harman

Occupation (for Individual)

Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 02	/	D = D 18	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65840

Amount of Each Receipt this Period

125.00

Memo Item

Non-Contribution Account

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

750.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. miller, jenny mae, , ,

Mailing Address 9503 sw 188th

City vashon	State WA	Zip Code 98079
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) atelier verdigris	Occupation (for Individual) sales
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

300.00

Date of Receipt

M = M 03	/	D = D 04	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63828

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Miller, Kentay, , ,

Mailing Address 555 Tenth ave

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

250.00

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.72422

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Miller, Kentay, , ,

Mailing Address 555 Tenth ave

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

500.00

Date of Receipt

M = M 02	/	D = D 08	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67906

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

350.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Miller, Kentay, , ,

Mailing Address 555 Tenth ave

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Personal

Occupation (for Individual)

Finance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M = M 03	/	D = D 08	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64408

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

B. Montoya, Danny, , ,

Mailing Address 4411 Cabrillo St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)

self

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M = M 02	/	D = D 13	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67098

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

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

C. Montoya, Danny, , ,

Mailing Address 4411 Cabrillo St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)

self

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M = M 02	/	D = D 20	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66271

Amount of Each Receipt this Period

2.00

 Memo Item

Non-Contribution Account

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

177.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Montoya, Danny, , ,

Mailing Address 4411 Cabrillo St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M = M / D = D / Y = Y
03 13 2020

Transaction ID : SA17.61826

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Montoya, Danny, , ,

Mailing Address 4411 Cabrillo St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M = M / D = D / Y = Y
03 20 2020

Transaction ID : SA17.59784

Amount of Each Receipt this Period

2.00

Memo Item

Non-Contribution Account

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

Mailing Address 9407 Kildare

City Skokie	State IL	Zip Code 60076
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Chicago Coalition for the Homeless	Occupation (for Individual) Fundraiser
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M / D = D / Y = Y
03 12 2020

Transaction ID : SA17.61707

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

102.00

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Newnan, Henry, , ,

Mailing Address 27156 Gail Dr.

City Warren	State MI	Zip Code 48093-7538
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) compGraphics	Occupation (for Individual) Owner Graphic Designer
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64318

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

B. O'Connor, Alex, , ,

Mailing Address 1500 12th Avenue

City San Francisco	State CA	Zip Code 94122
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Visor	Occupation (for Individual) Office Manager
--	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 18	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59407

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

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

C. O'Keefe, Dorothy, , ,

Mailing Address 10116 CHESTNUT GROVE TER

City MECHANICSVILLE	State VA	Zip Code 23116-7210
------------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Virginia Commonwealth University	Occupation (for Individual) child psychiatrist
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M = M 02	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64905

Amount of Each Receipt this Period

27.00

 Memo Item

Non-Contribution Account

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

252.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. O'Keefe, Dorothy, , ,

Mailing Address 10116 CHESTNUT GROVE TER

City MECHANICSVILLE	State VA	Zip Code 23116-7210
------------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 16	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.59230

Amount of Each Receipt this Period

37.50

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Virginia Commonwealth University

Occupation (for Individual)

child psychiatrist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

279.00

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

B. O'Keefe, Dorothy, , ,

Mailing Address 10116 CHESTNUT GROVE TER

City MECHANICSVILLE	State VA	Zip Code 23116-7210
------------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56174

Amount of Each Receipt this Period

27.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

Virginia Commonwealth University

Occupation (for Individual)

child psychiatrist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

306.00

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

C. Owades, Justin, , ,

Mailing Address 5037 Rosewood Ave Apt 303

City Los Angeles	State CA	Zip Code 90004
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 30	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55042

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual)

BRC Imagination Arts

Occupation (for Individual)

Editor

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

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

314.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Pai, Liana, , ,

Mailing Address 261 Vanderbilt

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lee & Pai

Occupation (for Individual)

Retail

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 05	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63934

Amount of Each Receipt this Period

100.00

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

B. Peat, Ashley, , ,

Mailing Address 1234 Wellington Ave

City Pasadena	State CA	Zip Code 91103
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SIMMONS PR

Occupation (for Individual)

Publicist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 26	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55825

Amount of Each Receipt this Period

250.00

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

C. Peyton, Elizabeth, , ,

Mailing Address 41 Commerce Street

City NY	State NY	Zip Code 10014
------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

artist

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
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Transaction ID : SA17.56629

Amount of Each Receipt this Period

100.00

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

450.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Peyton, Elizabeth, , ,

Mailing Address 41 Commerce Street

City NY	State NY	Zip Code 10014
------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
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Transaction ID : SA17.58231

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Popatia, Karima, , ,

Mailing Address 50 Dey St 554

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M = M 03	/	D = D 15	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63316

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Popatia, Karima, , ,

Mailing Address 50 Dey St 554

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M = M 03	/	D = D 19	/	Y = Y 2020
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Transaction ID : SA17.59479

Amount of Each Receipt this Period

25.00

 Memo Item

Non-Contribution Account

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

175.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Popatia, Karima, , ,

Mailing Address 50 Dey St 554

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Saks

Occupation (for Individual)

Planning

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.60041

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

B. Popatia, Karima, , ,

Mailing Address 50 Dey St 554

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Saks

Occupation (for Individual)

Planning

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M = M 03	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.58751

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

C. Reames, Sherry, , ,

Mailing Address 522 Virginia Ter

City Madison	State WI	Zip Code 53726
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

none

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 02	/	D = D 24	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64653

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

350.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 98

(check only one)

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

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Rosario, May, , ,

Mailing Address 550 122nd street ocean

City Marathon State FL Zip Code 33050

FEC ID number of contributing
federal political committee.

C

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

217.00

Date of Receipt

M M 02 / D D 29 / Y Y Y Y Y 2020

Transaction ID : SA17.65745

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Rosario, May, , ,

Mailing Address 550 122nd street ocean

City Marathon State FL Zip Code 33050

FEC ID number of contributing
federal political committee.

C

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

223.00

Date of Receipt

M M 03 / D D 19 / Y Y Y Y Y 2020

Transaction ID : SA17.59660

Amount of Each Receipt this Period

6.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Rosario, May, , ,

Mailing Address 550 122nd street ocean

City Marathon State FL Zip Code 33050

FEC ID number of contributing
federal political committee.

C

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

273.00

Date of Receipt

M M 03 / D D 29 / Y Y Y Y Y 2020

Transaction ID : SA17.57979

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

106.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Seaver, Patrick, , ,

Mailing Address 5925 The Toledo

City Long Beach	State CA	Zip Code 90803-4142
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 03	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64321

Amount of Each Receipt this Period

500.00

 Memo Item

Non-Contribution Account

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

B. Senaydin, Kaan, , ,

Mailing Address 947 61st St Apt 12D

City Oakland	State CA	Zip Code 94608
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Access Softek

Occupation (for Individual)

Product Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M = M 02	/	D = D 23	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.66863

Amount of Each Receipt this Period

30.00

 Memo Item

Non-Contribution Account

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

C. Senaydin, Kaan, , ,

Mailing Address 947 61st St Apt 12D

City Oakland	State CA	Zip Code 94608
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Access Softek

Occupation (for Individual)

Product Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M = M 03	/	D = D 23	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55467

Amount of Each Receipt this Period

30.00

 Memo Item

Non-Contribution Account

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

560.00

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Shellen, Grant, , ,

Mailing Address 657 MacArthur Blvd.

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Facebook	Occupation (for Individual) Content strategy manager
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

225.00

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56404

Amount of Each Receipt this Period

50.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Siaca, Carlos, , ,

Mailing Address Street 4 E-7 Montebello Estates

City Trujillo Alto	State PR	Zip Code 00976
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

1000.00

Date of Receipt

M = M 03	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61800

Amount of Each Receipt this Period

1000.00

 Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. skornia, peter, , ,

Mailing Address 6935 archway drive ne

City rockford	State MI	Zip Code 49341
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Bazzani Building Company	Occupation (for Individual) builder
---	--

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

300.00

Date of Receipt

M = M 03	/	D = D 02	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63541

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

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

1150.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Speers, Seldon, , ,

Mailing Address 3436 Springhill Rd.

City Lafayette	State CA	Zip Code 94549
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) seldy cramer artists inc.	Occupation (for Individual) artist manager
--	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/ D = D 03	/ Y = Y 2020
-------------	---------------	-----------------

Transaction ID : SA17.73554

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

B. Spencer, Diane Penfold, , ,

Mailing Address 145 Spring House Rd

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Business owner	Occupation (for Individual) Real estate
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 03	/ D = D 14	/ Y = Y 2020
-------------	---------------	-----------------

Transaction ID : SA17.62806

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

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

C. square, Ahmed, , ,

Mailing Address 3875 fairfax square 22031 va

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

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M = M 03	/ D = D 19	/ Y = Y 2020
-------------	---------------	-----------------

Transaction ID : SA17.59663

Amount of Each Receipt this Period

2000.00

 Memo Item

Non-Contribution Account

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

2375.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Stallworth, Kris, , ,

Mailing Address 3100 New Year Drive

City Cincinnati	State OH	Zip Code 45251
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lashgroup

Occupation (for Individual)

RN

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 03	/	D = D 31	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55377

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

B. Stiller, Robert, , ,

Mailing Address 589 N County Rd

City Palm Beach	State FL	Zip Code 33480
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M = M 02	/	D = D 04	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67478

Amount of Each Receipt this Period

5000.00

Memo Item

Non-Contribution Account

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

C. Strauss, Michael, , ,

Mailing Address 126 Harvest Cir

City Bala Cynwyd	State PA	Zip Code 19004
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Reading Company

Occupation (for Individual)

Sales

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/	D = D 04	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.73677

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

5750.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Stuermer, Caroline, , ,

Mailing Address 540 NW Congress

City Bend	State OR	Zip Code 97703
--------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

World Muse

Occupation (for Individual)

Non-profit

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 05	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63930

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

B. Taylor, Baudelia, , ,

Mailing Address 1223 Columbia Place

City Pasadena	State CA	Zip Code 91105
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Crestview Preparatory School

Occupation (for Individual)

Educator

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 08	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64440

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

C. Torres-Mackie, Pedro, , ,

Mailing Address 130 Furman Street Apt S403

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Quotidian Ventures

Occupation (for Individual)

Founder

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 11	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61643

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

250.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Turino, Matt, , ,

Mailing Address 403 S. Glover Ave

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 02	/	D = D 28	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65520

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contributor Account

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

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

B. Turino, Matt, , ,

Mailing Address 403 S. Glover Ave

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61722

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contributor Account

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

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

C. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 31	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.68697

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contributor Account

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

550.00

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

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(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 02	/	D = D 29	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65766

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contributor Account

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

B. Turino, Matthew, , ,

Mailing Address 403 S. Glover Ave.

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Illinois

Occupation (for Individual)

Farm Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M = M 03	/	D = D 31	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55274

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contributor Account

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

C. Veazey, Caron, , ,

Mailing Address 7541 Woodrow Wilson Drive

City Los Angeles	State CA	Zip Code 90046
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

i am OTHER Entertainment

Occupation (for Individual)

Entertainment Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 14	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.62839

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contributor Account

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

600.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Veazey, Caron, , ,

Mailing Address 7541 Woodrow Wilson Drive

City Los Angeles	State CA	Zip Code 90046
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

i am OTHER Entertainment

Occupation (for Individual)

Entertainment Manager

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M = M 03	/	D = D 24	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55616

Amount of Each Receipt this Period

100.00

Memo Item

Non-Contribution Account

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

B. Vitaglian, Aime, , ,

Mailing Address 8605 Saran drive

City Playa Del Rey	State CA	Zip Code 90293
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pluto TV

Occupation (for Individual)

Product Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.60276

Amount of Each Receipt this Period

5.00

Memo Item

Non-Contribution Account

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

C. Vitaglian, Aime, , ,

Mailing Address 8605 Saran drive

City Playa Del Rey	State CA	Zip Code 90293
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pluto TV

Occupation (for Individual)

Product Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M = M 03	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.56190

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

155.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Warren, Travis, , ,

Mailing Address 1008 n drury ct

City Liberty lake	State WA	Zip Code 99019
----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/a

Occupation (for Individual)

N/a

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/	D = D 31	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.68723

Amount of Each Receipt this Period

250.00

Memo Item

Non-Contribution Account

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

B. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M = M 02	/	D = D 25	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64761

Amount of Each Receipt this Period

25.00

Memo Item

Non-Contribution Account

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

C. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M = M 02	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65226

Amount of Each Receipt this Period

25.00

Memo Item

Non-Contribution Account

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

300.00

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

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M = M 03	/	D = D 04	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.63896

Amount of Each Receipt this Period

5.00

 Memo Item

Non-Contribution Account

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

B. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M = M 03	/	D = D 14	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.62060

Amount of Each Receipt this Period

25.00

 Memo Item

Non-Contribution Account

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

C. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.
C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M = M 03	/	D = D 30	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55032

Amount of Each Receipt this Period

25.00

 Memo Item

Non-Contribution Account

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

55.00

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

55.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Watson, Gale, , ,

Mailing Address 16952 Summers Walk Blvd

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 31	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.55321

Amount of Each Receipt this Period

25.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wendt, Neil, , ,

Mailing Address 58 Brandywine Rise

City Green Brook	State NJ	Zip Code 08812-1815
---------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 01	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64570

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual) ASIH LLC	Occupation (for Individual) Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Weyandt, Susan, , ,

Mailing Address 16 Thomas Ave South

City Minneapolis	State MN	Zip Code 55405
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 03	/	D = D 21	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.60346

Amount of Each Receipt this Period

100.00

 Memo Item

Non-Contribution Account

Name of Employer (for Individual) Steelcase	Occupation (for Individual) Sales manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

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

250.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16

17

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Youn, Heung-Ki, , ,

Mailing Address 8025 Greenridge #92

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mode Analytics

Occupation (for Individual)

Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M 01	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.72215

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

B. Youn, Heung-Ki, , ,

Mailing Address 8025 Greenridge #92

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mode Analytics

Occupation (for Individual)

Engineer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 02	/	D = D 07	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.67725

Amount of Each Receipt this Period

125.00

 Memo Item

Non-Contribution Account

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

C. Young, Patric, , ,

Mailing Address 11708 chestnut oak drive east

City Jacksonville	State FL	Zip Code 32218
----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M 02	/	D = D 25	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.64793

Amount of Each Receipt this Period

500.00

 Memo Item

Non-Contribution Account

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

750.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 98

(check only one)

11a	11b	11c	12
13	14	15	16
		X 17	

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NAME OF COMMITTEE (In Full)
The Action PAC

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

A. Young, Patric, , ,

Mailing Address 11708 chestnut oak drive east

City Jacksonville	State FL	Zip Code 32218
----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M 02	/	D = D 27	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.65158

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

B. Young, Patric, , ,

Mailing Address 11708 chestnut oak drive east

City Jacksonville	State FL	Zip Code 32218
----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M = M 03	/	D = D 14	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.62130

Amount of Each Receipt this Period

500.00

Memo Item

Non-Contribution Account

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

C. Zelaznik, Rashelle, , ,

Mailing Address 10540 Clarkson Rd

City Los Angeles	State CA	Zip Code 90064
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M 03	/	D = D 12	/	Y = Y 2020
-------------	---	-------------	---	---------------

Transaction ID : SA17.61709

Amount of Each Receipt this Period

50.00

Memo Item

Non-Contribution Account

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

1050.00

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

37929.00

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)

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

PAGE 69 OF 98

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NAME OF COMMITTEE (In Full)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2020

FEC Identification Number

C

Transaction ID : SB21B.73930

Amount of Each Disbursement this Period

89.16

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y
02 23 2020

FEC Identification Number

C

Transaction ID : SB21B.73931

Amount of Each Disbursement this Period

47.45

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y
02 29 2020

FEC Identification Number

C

Transaction ID : SB21B.73932

Amount of Each Disbursement this Period

51.97

Memo Item

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

188.58

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)

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

PAGE 71 OF 98

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NAME OF COMMITTEE (In Full)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

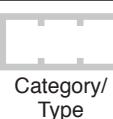
City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name



Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General

Other (specify) ▼

State:



District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

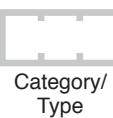
City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name



Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General

Other (specify) ▼

State:



District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

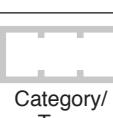
City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Service Fees

Candidate Name



Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General

Other (specify) ▼

State:



District:

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

83.28

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

MM / DD / YY	MM / DD / YY	MM / DD / YY
03 / 22 / 2020	03 / 29 / 2020	03 / 31 / 2020
30.56	31.23	21.49
Memo Item		

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)

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

PAGE 72 OF 98

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NAME OF COMMITTEE (In Full)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 1 California St.

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Bank Fees

Candidate Name

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 16 2020

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

FEC Identification Number
C
Transaction ID : SB21B.73910

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 1 California St.

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Bank Fees

Candidate Name

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 23 2020

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

FEC Identification Number
C
Transaction ID : SB21B.73911

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 1 California St.

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Bank Fees

Candidate Name

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 30 2020

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

FEC Identification Number
C
Transaction ID : SB21B.73912

Amount of Each Disbursement this Period

15.00

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

45.00

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

1107.32

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 73 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Date of Disbursement

M M 01	/	D D 05	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73939

Amount of Each Disbursement this Period

282.86

Memo Item

Date of Disbursement

M M 01	/	D D 12	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73940

Amount of Each Disbursement this Period

705.02

Memo Item

Date of Disbursement

M M 01	/	D D 19	/	Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.73941

Amount of Each Disbursement this Period

571.92

Memo Item

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

1559.80

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

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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)

PAGE 74 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
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. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			26			2020			

FEC Identification Number

C

Transaction ID : SB29.73942

Amount of Each Disbursement this Period

521.42

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2020			

FEC Identification Number

C

Transaction ID : SB29.73943

Amount of Each Disbursement this Period

366.13

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			02			2020			

FEC Identification Number

C

Transaction ID : SB29.73944

Amount of Each Disbursement this Period

64.59

Memo Item

952.14

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

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

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Date of Disbursement

M M 02	/	D D 09	/	Y Y Y Y Y Y 2020
-----------	---	-----------	---	---------------------

FEC Identification Number

C

Transaction ID : SB29.73945

Amount of Each Disbursement this Period

599.26

Memo Item

Date of Disbursement

M M 02	/	D D 16	/	Y Y Y Y Y Y 2020
-----------	---	-----------	---	---------------------

FEC Identification Number

C

Transaction ID : SB29.73946

Amount of Each Disbursement this Period

179.63

Memo Item

Date of Disbursement

M M 02	/	D D 23	/	Y Y Y Y Y Y 2020
-----------	---	-----------	---	---------------------

FEC Identification Number

C

Transaction ID : SB29.73947

Amount of Each Disbursement this Period

548.64

Memo Item

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

1327.53

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

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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)

PAGE 76 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
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. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)	▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)	▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			29			2020			

FEC Identification Number

C

Transaction ID : SB29.73948

Amount of Each Disbursement this Period

560.96

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			01			2020			

FEC Identification Number

C

Transaction ID : SB29.73949

Amount of Each Disbursement this Period

39.28

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			08			2020			

FEC Identification Number

C

Transaction ID : SB29.73950

Amount of Each Disbursement this Period

461.88

Memo Item

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

1062.12

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

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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)

PAGE 77 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

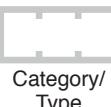
State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name



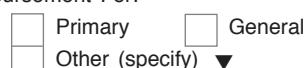
Category/
Type

Office Sought:



House
Senate
President

Disbursement For:



State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

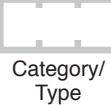
State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name



Category/
Type

Office Sought:



House
Senate
President

Disbursement For:



State: District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

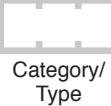
State
MA

Zip Code
02144

Purpose of Disbursement

Non-Contributor Account - Service Fees

Candidate Name



Category/
Type

Office Sought:



House
Senate
President

Disbursement For:



State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
03		15		2020

FEC Identification Number

C				
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Transaction ID : SB29.73951

Amount of Each Disbursement this Period

805.67				
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Memo Item

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
03		22		2020

FEC Identification Number

C				
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Transaction ID : SB29.73952

Amount of Each Disbursement this Period

832.47				
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Memo Item

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
03		29		2020

FEC Identification Number

C				
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Transaction ID : SB29.73953

Amount of Each Disbursement this Period

1156.15				
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Memo Item

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

2794.29

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

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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)

PAGE 78 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

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

Purpose of Disbursement
Non-Contribution Account - Service Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Burrell, Ianna, , ,

Mailing Address 2802 Wyndam Court

City Shakopee	State MN	Zip Code 55379
------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account: Reimbursement - Legal Fees

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. Evans & Katz LLC

Mailing Address 220 I St. NE, Suite 280

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Compliance Services

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Date of Disbursement

M M 03	/	D D 31	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73954

Amount of Each Disbursement this Period

297.56

Memo Item

Date of Disbursement

M M 03	/	D D 13	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73915

Amount of Each Disbursement this Period

5070.40

Memo Item

Date of Disbursement

M M 02	/	D D 07	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.52425

Amount of Each Disbursement this Period

2399.75

Memo Item

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

7767.71

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)

PAGE 79 OF 98

<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)
The Action PAC

Full Name (Last, First, Middle Initial)

A. Evans & Katz LLC

Mailing Address 220 I St. NE, Suite 280

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Non-Contributor Account - Compliance Services

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
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. EveryAction, Inc

Mailing Address 1445 New York Ave. NW, Suite 200

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Non-Contributor Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)	▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. EveryAction, Inc

Mailing Address 1445 New York Ave. NW, Suite 200

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Non-Contributor Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)	▼	

State:

District:

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

16988.00

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			11			2020			

FEC Identification Number

C

Transaction ID : SB29.73893

Amount of Each Disbursement this Period

58.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2020			

FEC Identification Number

C

Transaction ID : SB29.52371

Amount of Each Disbursement this Period

13700.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2020			

FEC Identification Number

C

Transaction ID : SB29.52373

Amount of Each Disbursement this Period

3230.00

Memo Item

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. EveryAction, Inc

Mailing Address 1445 New York Ave. NW, Suite 200

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. EveryAction, Inc

Mailing Address 1445 New York Ave. NW, Suite 200

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Good Day Accounting

Mailing Address 214 West Main Street, Suite L5

City
Moorestown

State
NJ

Zip Code
08057

Purpose of Disbursement
Non-Contribution Account - Accounting Services

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			10			20	20	20	20

FEC Identification Number

C									
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Transaction ID : SB29.52374

Amount of Each Disbursement this Period

13700.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			11			20	20	20	20

FEC Identification Number

C									
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Transaction ID : SB29.73892

Amount of Each Disbursement this Period

13700.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			07			20	20	20	20

FEC Identification Number

C									
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Transaction ID : SB29.52385

Amount of Each Disbursement this Period

595.00

Memo Item

27995.00

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

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

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 98

<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

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 Action PAC

Full Name (Last, First, Middle Initial)

A. Good Day Accounting

Mailing Address 214 West Main Street, Suite L5

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Accounting Services

Candidate Name



Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:	
---------------------	--

Full Name (Last, First, Middle Initial)

B. Good Day Accounting

Mailing Address 214 West Main Street, Suite L5

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Accounting Services

Candidate Name



Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:	
---------------------	--

Full Name (Last, First, Middle Initial)

C. Good Day Accounting

Mailing Address 214 West Main Street, Suite L5

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Accounting Services

Candidate Name



Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:	
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Date of Disbursement

M M 02	/	D D 07	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52386

Amount of Each Disbursement this Period

595.00

Memo Item

Date of Disbursement

M M 02	/	D D 07	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52387

Amount of Each Disbursement this Period

87.50

Memo Item

Date of Disbursement

M M 03	/	D D 10	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.73889

Amount of Each Disbursement this Period

595.00

Memo Item

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

1277.50

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

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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)

PAGE 82 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB29.52367

Amount of Each Disbursement this Period

104.52

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 05 / 2020

FEC Identification Number

C

Transaction ID : SB29.52368

Amount of Each Disbursement this Period

12.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 13 / 2020

FEC Identification Number

C

Transaction ID : SB29.52369

Amount of Each Disbursement this Period

36.00

Memo Item

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

152.52

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)

PAGE 83 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M 03	/	D D 03	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73884

Amount of Each Disbursement this Period

102.26

Memo Item

Date of Disbursement

M M 03	/	D D 16	/	Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.73894

Amount of Each Disbursement this Period

12.00

Memo Item

Date of Disbursement

M M 03	/	D D 16	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73895

Amount of Each Disbursement this Period

24.00

Memo Item

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

138.26

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

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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)

PAGE 84 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Help Scout

Mailing Address 100 City Hall Plaza, 5th Floor

City
Boston

State
MA

Zip Code
02108

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

House
Senate
President

House
Senate
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. Help Scout

Mailing Address 100 City Hall Plaza, 5th Floor

City
Boston

State
MA

Zip Code
02108

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

House
Senate
President

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Help Scout

Mailing Address 100 City Hall Plaza, 5th Floor

City
Boston

State
MA

Zip Code
02108

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

House
Senate
President

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			17			2020			

FEC Identification Number

C

Transaction ID : SB29.52405

Amount of Each Disbursement this Period

240.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			18			2020			

FEC Identification Number

C

Transaction ID : SB29.52406

Amount of Each Disbursement this Period

272.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2020			

FEC Identification Number

C

Transaction ID : SB29.73897

Amount of Each Disbursement this Period

145.00

Memo Item

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

657.00

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

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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)

PAGE 85 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Longshore, Sandra, , ,

Mailing Address 9201 Kings Hwy. #4J

City Brooklyn	State NY	Zip Code 11212
------------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Refund

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. MaestroConference

Mailing Address 1025 3rd St

City Oakland	State CA	Zip Code 94607
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Phone Services

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. MaestroConference

Mailing Address 1025 3rd St

City Oakland	State CA	Zip Code 94607
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Phone Services

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: District:

Date of Disbursement

M M 03	/	D D 29	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.74002

Amount of Each Disbursement this Period

1000.00

Memo Item

Date of Disbursement

M M 01	/	D D 08	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52390

Amount of Each Disbursement this Period

497.00

Memo Item

Date of Disbursement

M M 02	/	D D 10	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52391

Amount of Each Disbursement this Period

497.00

Memo Item

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

1994.00

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

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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)

PAGE 86 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 675 Ponce de Leon Ave NE Suite 500

City Atlanta	State GA	Zip Code 30308
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 675 Ponce de Leon Ave NE Suite 500

City Atlanta	State GA	Zip Code 30308
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 675 Ponce de Leon Ave NE Suite 500

City Atlanta	State GA	Zip Code 30308
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M 01	/	D D 02	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.52363

Amount of Each Disbursement this Period

12884.38

Memo Item

Date of Disbursement

M M 02	/	D D 03	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.52364

Amount of Each Disbursement this Period

6975.73

Memo Item

Date of Disbursement

M M 03	/	D D 02	/	Y Y Y Y Y 2020
-----------	---	-----------	---	-------------------

FEC Identification Number

C

Transaction ID : SB29.73882

Amount of Each Disbursement this Period

5721.49

Memo Item

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

25581.60

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

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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)

PAGE 87 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Martin, Sapphira, , ,

Mailing Address 221-18 114th Rd

City Cambria Heights	State NY	Zip Code 11411
-------------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
<input type="checkbox"/>	01		<input type="checkbox"/>	07		<input type="checkbox"/>	2020

Office Sought: House
Senate
President

Disbursement For: Primary
 General

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

B. Martin, Sapphira, , ,

Mailing Address 221-18 114th Rd

City Cambria Heights	State NY	Zip Code 11411
-------------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
<input type="checkbox"/>	01		<input type="checkbox"/>	29		<input type="checkbox"/>	2020

Office Sought: House
Senate
President

Disbursement For: Primary
 General

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

C. Middle Seat Consulting

Mailing Address PO Box 21600

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Digital Consulting

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
<input type="checkbox"/>	01		<input type="checkbox"/>	16		<input type="checkbox"/>	2020

Office Sought: House
Senate
President

Disbursement For: Primary
 General

Category/
Type

State: District:

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

19000.00

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)

PAGE 88 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Middle Seat Consulting

Mailing Address PO Box 21600

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
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. Middle Seat Consulting

Mailing Address PO Box 21600

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Non-Contribution Account - Digital Consulting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Middle Seat Consulting

Mailing Address PO Box 21600

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Non-Contribution Account - Digital Consulting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			16			20	20	20	20

FEC Identification Number

C

Transaction ID : SB29.52402

Amount of Each Disbursement this Period

4759.59

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			25			20	20	20	20

FEC Identification Number

C

Transaction ID : SB29.52401

Amount of Each Disbursement this Period

10000.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			26			20	20	20	20

FEC Identification Number

C

Transaction ID : SB29.73905

Amount of Each Disbursement this Period

10000.00

Memo Item

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

24759.59

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

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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)

PAGE 89 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Mobilize America

Mailing Address 87-89 5th Ave, Suite 600

City
New York

State
NY

Zip Code
10003

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Monday

Mailing Address 26 W 17th St

City
New York

State
NY

Zip Code
10011

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Real Justice PAC

Mailing Address 3041 Mission St. #327

City
San Francisco

State
CA

Zip Code
94110

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			13			2020			

FEC Identification Number

C

Transaction ID : SB29.52392

Amount of Each Disbursement this Period

650.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2020			

FEC Identification Number

C

Transaction ID : SB29.73883

Amount of Each Disbursement this Period

119.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2020			

FEC Identification Number

C

C00632554

Transaction ID : SB29.52396

Amount of Each Disbursement this Period

2708.33

Memo Item

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

3477.33

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

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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)

PAGE 90 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Real Justice PAC

Mailing Address 3041 Mission St. #327

City
San Francisco

State
CA

Zip Code
94110

Purpose of Disbursement
Non-Contributor Account - Payroll

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Real Justice PAC

Mailing Address 3041 Mission St. #327

City
San Francisco

State
CA

Zip Code
94110

Purpose of Disbursement
Non-Contributor Account - Software

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Real Justice PAC

Mailing Address 3041 Mission St. #327

City
San Francisco

State
CA

Zip Code
94110

Purpose of Disbursement
Non-Contributor Account - Payroll

Candidate Name

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2020			

FEC Identification Number

C	C00632554
---	-----------

Transaction ID : SB29.52397

Amount of Each Disbursement this Period

16358.81

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			18			2020			

FEC Identification Number

C	C00632554
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Transaction ID : SB29.52398

Amount of Each Disbursement this Period

2708.33

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			18			2020			

FEC Identification Number

C	C00632554
---	-----------

Transaction ID : SB29.52399

Amount of Each Disbursement this Period

18087.77

Memo Item

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

37154.91

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)

PAGE 91 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Real Justice PAC

Mailing Address 3041 Mission St. #327

City San Francisco	State CA	Zip Code 94110
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Payroll

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Real Justice PAC

Mailing Address 3041 Mission St. #327

City San Francisco	State CA	Zip Code 94110
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Software

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.

Mailing Address 1090 Vermont Ave, NW, Suite 750

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
Non-Contributor Account - Legal Services

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Date of Disbursement

M M 03	/	D D 10	/	Y Y Y Y Y Y 2020
-----------	---	-----------	---	---------------------

FEC Identification Number

C C00632554

Transaction ID : SB29.73887

Amount of Each Disbursement this Period

17995.15

Memo Item

Date of Disbursement

M M 03	/	D D 10	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C C00632554

Transaction ID : SB29.73888

Amount of Each Disbursement this Period

2708.33

Memo Item

Date of Disbursement

M M 01	/	D D 28	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52422

Amount of Each Disbursement this Period

292.50

Memo Item

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

20995.98

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

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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)

PAGE 92 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.

Mailing Address 1090 Vermont Ave, NW, Suite 750

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Non-Contributor Account - Legal Services

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
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. Siaca, Carlos, , ,

Mailing Address Street 4 E-7 Montebello Estates

City
Trujillo Alto

State
PR

Zip Code
00976

Purpose of Disbursement
Non-Contributor Account - Refund

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Social Practice LLC

Mailing Address 3041 Mission St. #309

City
San Francisco

State
CA

Zip Code
94110

Purpose of Disbursement
Non-Contributor Account - Campaign Consulting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

House
Senate
President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			11			2020			

FEC Identification Number

C

Transaction ID : SB29.73891

Amount of Each Disbursement this Period

1495.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2020			

FEC Identification Number

C

Transaction ID : SB29.74004

Amount of Each Disbursement this Period

1000.00

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			28			2020			

FEC Identification Number

C

Transaction ID : SB29.52418

Amount of Each Disbursement this Period

15000.00

Memo Item

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

17495.00

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

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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)

PAGE 93 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Social Practice LLC

Mailing Address 3041 Mission St. #309

City San Francisco	State CA	Zip Code 94110
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Campaign Consulting

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
<input type="checkbox"/>	02			<input type="checkbox"/>	07			<input type="checkbox"/>	2020			

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General

Other (specify) ▼

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

B. Social Practice LLC

Mailing Address 3041 Mission St. #309

City San Francisco	State CA	Zip Code 94110
-----------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Campaign Consulting

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
<input type="checkbox"/>	03			<input type="checkbox"/>	10			<input type="checkbox"/>	2020			

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General

Other (specify) ▼

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

C. Spacedog XYZ LLC

Mailing Address 180 2nd St, B414

City Oakland	State CA	Zip Code 94607
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
<input type="checkbox"/>	01			<input type="checkbox"/>	07			<input type="checkbox"/>	2020			

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General

Other (specify) ▼

Category/
Type

State: District:

FEC Identification Number

<input type="checkbox"/>	C											
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Transaction ID : SB29.52388

Amount of Each Disbursement this Period

1000.00

Memo Item

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

21000.00

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

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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)

PAGE 94 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Spacedog XYZ LLC

Mailing Address 180 2nd St, B414

City Oakland	State CA	Zip Code 94607
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Spacedog XYZ LLC

Mailing Address 180 2nd St, B414

City Oakland	State CA	Zip Code 94607
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. square, Ahmed, , ,

Mailing Address 3875 fairfax square 22031 va

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

Purpose of Disbursement
Non-Contribution Account - Refund

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Date of Disbursement

M M 02	/	D D 07	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52389

Amount of Each Disbursement this Period

750.00

Memo Item

Date of Disbursement

M M 03	/	D D 10	/	Y Y Y Y Y Y 2020
-----------	---	-----------	---	---------------------

FEC Identification Number

C

Transaction ID : SB29.73890

Amount of Each Disbursement this Period

750.00

Memo Item

Date of Disbursement

M M 03	/	D D 29	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.74001

Amount of Each Disbursement this Period

2000.00

Memo Item

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

3500.00

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

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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)

PAGE 95 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. Squarespace

Mailing Address 8 Clarkson Street

City New York	State NY	Zip Code 10014
------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Software

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. Thompson, Maureen, , ,

Mailing Address 12345 Lake City Way NE #253

City Seattle	State WA	Zip Code 98125
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Refund

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. TOSKR, Inc

Mailing Address 1330 Broadway 3rd Fl

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Text Messaging

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

State: District:

Date of Disbursement

<input type="checkbox"/> M M 03	/	<input type="checkbox"/> D D 23	/	<input type="checkbox"/> Y Y Y Y Y Y 2020
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB29.73902

Amount of Each Disbursement this Period

26.00

Memo Item

Date of Disbursement

<input type="checkbox"/> M M 02	/	<input type="checkbox"/> D D 02	/	<input type="checkbox"/> Y Y Y Y Y Y 2020
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB29.73969

Amount of Each Disbursement this Period

300.00

Memo Item

Date of Disbursement

<input type="checkbox"/> M M 02	/	<input type="checkbox"/> D D 07	/	<input type="checkbox"/> Y Y Y Y Y Y 2020
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB29.52404

Amount of Each Disbursement this Period

331.68

Memo Item

657.68

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

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

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 96 OF 98

<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)

The Action PAC

Full Name (Last, First, Middle Initial)

A. TOSKR, Inc

Mailing Address 1330 Broadway 3rd Fl

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Text Messaging

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

B. WW Brooklyn Navy Yard LLC

Mailing Address 63 Flushing Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Rent

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

C. WW Brooklyn Navy Yard LLC

Mailing Address 63 Flushing Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

Purpose of Disbursement
Non-Contribution Account - Rent

Candidate Name

Category/ Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	---

State: District:

Date of Disbursement

M M M 03	/	D D D 18	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.73898

Amount of Each Disbursement this Period

290.16

Memo Item

Date of Disbursement

M M M 01	/	D D D 21	/	Y Y Y Y Y Y 2020
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FEC Identification Number

C

Transaction ID : SB29.52414

Amount of Each Disbursement this Period

6126.25

Memo Item

Date of Disbursement

M M M 02	/	D D D 25	/	Y Y Y Y Y Y 2020
-------------	---	-------------	---	---------------------

FEC Identification Number

C

Transaction ID : SB29.52415

Amount of Each Disbursement this Period

6126.25

Memo Item

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

12542.66

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

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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)

PAGE 97 OF 98

<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

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 Action PAC

Full Name (Last, First, Middle Initial)

A. WW Brooklyn Navy Yard LLC

Mailing Address 63 Flushing Avenue

City
Brooklyn

State
NY

Zip Code
11205

Purpose of Disbursement
Non-Contributor Account - Rent

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			26			2020			

FEC Identification Number

C

Transaction ID : SB29.73904

Amount of Each Disbursement this Period

4645.80

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

4645.80

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

255476.42

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 98 OF 98
FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

The Action PAC

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

Martin, Sapphira, , ,

Nature of Debt (Purpose):
Digital Consulting

Mailing Address 221-18 114th Rd

City Cambria Heights

State NY

Zip Code 11411

Outstanding Balance Beginning This Period

Transaction ID : SD10.52142

4500.00

Amount Incurred This Period

Payment This Period

0.00

0.00

4500.00

Outstanding Balance at Close of This Period

0.00

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

Middle Seat Consulting

Nature of Debt (Purpose):
Advertising - Digital

Mailing Address PO Box 21600

City Washington

State DC

Zip Code 20009

Outstanding Balance Beginning This Period

Transaction ID : SD10.52122

4759.59

Amount Incurred This Period

Payment This Period

0.00

0.00

4759.59

Outstanding Balance at Close of This Period

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

Outstanding Balance at Close of This Period

0.00

Amount Incurred This Period

Payment This Period

0.00

0.00

0.00

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

0.00

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

0.00

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

0.00

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

0.00