

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

VOTEBRIZZI

ADDRESS (number and street)

11650 OLIO RD. STE. 1000-235

Check if different than previously reported. (ACC)

FISHERS

IN

46037

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00738195

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

IN

05

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)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M / 05

D D / 14

Y Y Y Y / 2020

through

M M / 06

D D / 30

Y Y Y Y / 2020

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

Type or Print Name of Treasurer

Mullin, Paul, , ,

Signature of Treasurer

Mullin, Paul, , ,

[Electronically Filed]

Date

M M / 07

D D / 15

Y Y Y Y / 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 Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**VOTEBRIZZI**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5560.00	70321.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5560.00	70321.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	77353.67	188973.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	3459.00	3459.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73894.67	185514.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	115193.69	

**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 3 (Revised 05/2016)

Write or Type Committee Name

VOTEBRIZZI

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5550.00	65436.00
(ii) Unitemized .....	10.00	2085.00
(iii) TOTAL of contributions from individuals .....	5560.00	67521.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2800.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5560.00	70321.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	35193.69	115193.69
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	35193.69	115193.69
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	3459.00	3459.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	44212.69	188973.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77353.67	188973.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	77353.67	188973.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33140.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44212.69
25. SUBTOTAL (add Line 23 and Line 24).....	77353.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77353.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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

FOR LINE NUMBER: PAGE 5 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
**VOTEBRIZZI**

**A.** Full Name (Last, First, Middle Initial)  
**Bateman, Paul, , ,**

Mailing Address 3212 Sandpiper South Dr

City Indianapolis State IN Zip Code 46268

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

Name of Employer Info Requested Per Best Effort Occupation Info Requested Per Best Efforts

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2020

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin, William, , ,**

Mailing Address 5542 Allisonville Rd

City Indianapolis State IN Zip Code 46220

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

Name of Employer Info Requested Per Best Effort Occupation Info Requested Per Best Efforts

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2020

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**EMC Resources LLC**

Mailing Address PO box 238

City Fishers State IN Zip Code 46038

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

Name of Employer Info Requested Per Best Effort Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2020

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 LLC Verification Received (See Below)

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Baker, Terry, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2020	
Mailing Address 16162 Morningside Ct			<b>Transaction ID : SA11AI.4493.0</b>	
City Noblesville	State IN	Zip Code 46060	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item LLC Membership Attribution	
Name of Employer HWC Engineering		Occupation President		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Hockett, Chad, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2020	
Mailing Address 2148 Davis Rd			<b>Transaction ID : SA11AI.4415</b>	
City Indianapolis	State IN	Zip Code 46239	Amount of Each Receipt this Period _____ 2000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Auto Nerd		Occupation Buyer		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Oesterle, Kristi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2020	
Mailing Address 4020 Washington Blvd			<b>Transaction ID : SA11AI.4518</b>	
City Indianapolis	State IN	Zip Code 45202	Amount of Each Receipt this Period _____ 2800.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Reattribute: Reattribution from Spouse	
Name of Employer N/A		Occupation Housewife		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4800.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 7 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

**A.** Full Name (Last, First, Middle Initial)  
**Oesterle, William, S, ,**

Mailing Address 4020 Washington Blvd

City Indianapolis State IN Zip Code 45202

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

Name of Employer TMAP LLC Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : SA11AI.4238**

Amount of Each Receipt this Period  
5600.00

Memo Item  
Reattribution/Redesignation requested

**B.** Full Name (Last, First, Middle Initial)  
**Oesterle, William, S, ,**

Mailing Address 4020 Washington Blvd

City Indianapolis State IN Zip Code 45202

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

Name of Employer TMAP LLC Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2020

**Transaction ID : SA11AI.4517**

Amount of Each Receipt this Period  
- 2800.00

Memo Item  
Reattribute: Reattribution to spouse

**C.** Full Name (Last, First, Middle Initial)  
**Rowe, Timothy, , ,**

Mailing Address 101 W Ohio St  
Suire 1701

City Indianapolis State IN Zip Code 46204

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

Name of Employer Partner Occupation Rowe & Hamilton Attorneys at Law

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2020

**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Partnership Attribution - 3/16 Rowe & Hamilton Attorneys at Law

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

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

- 2800.00

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

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

FOR LINE NUMBER: PAGE 8 OF 37  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

**A.** Full Name (Last, First, Middle Initial)  
**Sagamore Ready Mix**

Mailing Address 9170 East 131st St

City Fishers    State IN    Zip Code 46038

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

Name of Employer    Occupation

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2020

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period  
 1800.00

Memo Item  
 LLC Verification Requested

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

Mailing Address

City    State    Zip Code

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

Name of Employer    Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer    Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5550.00



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

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

FOR LINE NUMBER: PAGE 9 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2020

Transaction ID : SA11C.4473

Amount of Each Receipt this Period  
 10.00

Memo Item  
 Total Earmarked through Conduit. PAC Limit Not Affected.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2020	
Mailing Address 12409 BROOKS XING		Transaction ID : SA13A.4414	
City FISHERS	State IN	Zip Code 46037	
FEC ID number of contributing federal political committee. C H0IN05334		Amount of Each Receipt this Period 8000.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan from Candidate	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 88000.00	

Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2020	
Mailing Address 12409 BROOKS XING		Transaction ID : SA13A.4444	
City FISHERS	State IN	Zip Code 46037	
FEC ID number of contributing federal political committee. C H0IN05334		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan from Candidate	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 93000.00	

Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2020	
Mailing Address 12409 BROOKS XING		Transaction ID : SA13A.4454	
City FISHERS	State IN	Zip Code 46037	
FEC ID number of contributing federal political committee. C H0IN05334		Amount of Each Receipt this Period 1500.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan from Candidate	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 94500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	14500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	14500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

**A.** Full Name (Last, First, Middle Initial)  
**BRIZZI, CARL JOSEPH, , ,**

Mailing Address 12409 BROOKS XING

City FISHERS State IN Zip Code 46037

FEC ID number of contributing federal political committee. **C** H0IN05334

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2020

**Transaction ID : SA13A.4478**

Amount of Each Receipt this Period  
5500.00

Memo Item  
 Loan from Candidate

**B.** Full Name (Last, First, Middle Initial)  
**BRIZZI, CARL JOSEPH, , ,**

Mailing Address 12409 BROOKS XING

City FISHERS State IN Zip Code 46037

FEC ID number of contributing federal political committee. **C** H0IN05334

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
113000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2020

**Transaction ID : SA13A.4553**

Amount of Each Receipt this Period  
13000.00

Memo Item  
 Loan from Candidate

**C.** Full Name (Last, First, Middle Initial)  
**BRIZZI, CARL JOSEPH, , ,**

Mailing Address 12409 BROOKS XING

City FISHERS State IN Zip Code 46037

FEC ID number of contributing federal political committee. **C** H0IN05334

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
115193.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2020

**Transaction ID : SA13A.4554**

Amount of Each Receipt this Period  
2193.69

Memo Item  
 Loan from Candidate

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20693.69
<b>TOTAL</b> This Period (last page this line number only).....▶	35193.69

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

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

FOR LINE NUMBER: PAGE 12 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

**A.** Full Name (Last, First, Middle Initial)  
**Arena LLC**

Mailing Address 1780 W Sequoia Vista Cir

City Salt Lake City State UT Zip Code 84104

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2020

Transaction ID : SA14.4530

Amount of Each Receipt this Period  
 3459.00

Memo Item  
 Refund of Purchase

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3459.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	3459.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 1200 12th Ave S Ste 1200		FEC Identification Number C
City Seattle	State WA	Zip Code 98144
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 30.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4462
State: District:	Category/ Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 1200 12th Ave S Ste 1200		FEC Identification Number C
City Seattle	State WA	Zip Code 98144
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 30.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4463
State: District:	Category/ Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 1200 12th Ave S Ste 1200		FEC Identification Number C
City Seattle	State WA	Zip Code 98144
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 60.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4464
State: District:	Category/ Type	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	121.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 1200 12th Ave S Ste 1200		FEC Identification Number C
City Seattle	State WA	Zip Code 98144
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 125.32
Candidate Name	Category/ Type	Transaction ID : SB17.4482
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Arena LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020
Mailing Address 1780 W Sequoia Vista Cir		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84104
Purpose of Disbursement Mailers - Printing & Postage		Amount of Each Disbursement this Period 3374.00
Candidate Name	Category/ Type	Transaction ID : SB17.4435
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Arena LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020
Mailing Address 1780 W Sequoia Vista Cir		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84104
Purpose of Disbursement Advertising - Digital		Amount of Each Disbursement this Period 15000.00
Candidate Name	Category/ Type	Transaction ID : SB17.4436
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18499.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>A. Current Publishing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>20</td> <td></td> <td>2020</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	05		20		2020
M M	/	D D	/	Y Y Y Y											
05		20		2020											
Mailing Address 30 S Rangeline Rd			FEC Identification Number												
City Carmel	State IN	Zip Code 46032	C												
Purpose of Disbursement Print Advertising			Amount of Each Disbursement this Period												
Candidate Name			600.00												
Office Sought:		Disbursement For: 2020	Transaction ID : SB17.4474												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> President															
State:	District:														

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>B. Current Publishing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>20</td> <td></td> <td>2020</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	05		20		2020
M M	/	D D	/	Y Y Y Y											
05		20		2020											
Mailing Address 30 S Rangeline Rd			FEC Identification Number												
City Carmel	State IN	Zip Code 46032	C												
Purpose of Disbursement Print Advertising			Amount of Each Disbursement this Period												
Candidate Name			1094.00												
Office Sought:		Disbursement For: 2020	Transaction ID : SB17.4476												
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> President															
State:	District:														

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>C. Current Publishing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2020</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	06		30		2020
M M	/	D D	/	Y Y Y Y											
06		30		2020											
Mailing Address 30 S Rangeline Rd			FEC Identification Number												
City Carmel	State IN	Zip Code 46032	C												
Purpose of Disbursement Print Advertising			Amount of Each Disbursement this Period												
Candidate Name			600.00												
Office Sought:		Disbursement For: 2020	Transaction ID : SB17.4557												
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> President															
State:	District:														

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2294.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Elan Financial Services</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2020	
Mailing Address 4 Station Square Suite 620			FEC Identification Number C	
City Pittsburgh	State PA	Zip Code 15219	Amount of Each Disbursement this Period 1594.70	
Purpose of Disbursement Credit Card Payment		Category/ Type	Transaction ID : SB17.4500	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RumbleUp</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2020	
Mailing Address 2101 L St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1254.00	
Purpose of Disbursement Online Services		Category/ Type	Transaction ID : SB17.4500.1	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2020	
Mailing Address 1200 12th Ave S Ste 1200			FEC Identification Number C	
City Seattle	State WA	Zip Code 98144	Amount of Each Disbursement this Period 37.44	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.4500.2	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1594.70
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

**A. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 39.58

Transaction ID : SB17.4500.5

Memo Item

**B. OfficeMax**

Full Name (Last, First, Middle Initial)  
Mailing Address 6600 North Military Trl

City Boca Raton State FL Zip Code 33496

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 52.42

Transaction ID : SB17.4500.6

Memo Item

**C. Elan Financial Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 4 Station Square Suite 620

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 2936.51

Transaction ID : SB17.4537

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2936.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2020		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 125.00		
Purpose of Disbursement Online Advertising		Category/ Type	Transaction ID : SB17.4537.1		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 24.25		
Purpose of Disbursement Online Advertising		Category/ Type	Transaction ID : SB17.4537.3		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 20.30		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4537.4		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Online Advertising		Category/ Type	Transaction ID : SB17.4537.5		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 35.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4537.6		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. RumbleUp</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2020		
Mailing Address 2101 L St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Peer-to-Peer Texting		Category/ Type	Transaction ID : SB17.4537.7		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2020		
Mailing Address 1200 12th Ave S Ste 1200			FEC Identification Number C		
City Seattle	State WA	Zip Code 98144	Amount of Each Disbursement this Period 121.32		
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.4537.8		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4537.9		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4537.10		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020
Mailing Address 1 Hacker Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.4537.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Election CFO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020
Mailing Address PO Box 26141		FEC Identification Number C
City Alexandria	State VA	Zip Code 22031
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 750.00
Candidate Name		Transaction ID : SB17.4536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Election CFO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020
Mailing Address PO Box 26141		FEC Identification Number C
City Alexandria	State VA	Zip Code 22031
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 750.00
Candidate Name		Transaction ID : SB17.4536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Grassroots Targeting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020	
Mailing Address 106 S Columbus St			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Marketing Consulting		Category/ Type	Transaction ID : SB17.4533	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Gregory, April, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020	
Mailing Address 7348 Harbour Isle			FEC Identification Number C	
City Indianapolis	State IN	Zip Code 46240	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.4437	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Gregory, April, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020	
Mailing Address 7348 Harbour Isle			FEC Identification Number C	
City Indianapolis	State IN	Zip Code 46240	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.4555	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Guidant Polling and Strategy LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020
Mailing Address 4327 N Nines Ridge Ln		FEC Identification Number C
City Boise	State ID ID	Zip Code 83702
Purpose of Disbursement Polling		Amount of Each Disbursement this Period 9600.00
Candidate Name		Transaction ID : SB17.4558
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Husain, Sawyer, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020
Mailing Address 7350 W 92nd St		FEC Identification Number C
City Zionsville	State ID IN	Zip Code 46077
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.4532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2020
Mailing Address 421 Chestnut St		FEC Identification Number C
City Philadelphia	State ID PA	Zip Code 19106
Purpose of Disbursement Media Consulting		Amount of Each Disbursement this Period 16183.32
Candidate Name		Transaction ID : SB17.4457
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25833.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020	
Mailing Address 421 Chestnut St			FEC Identification Number C	
City Philadelphia	State PA	Zip Code 19106	Amount of Each Disbursement this Period 525.00	
Purpose of Disbursement Media Consulting		Category/ Type	Transaction ID : SB17.4525	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. OfficeMax</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2020	
Mailing Address 6600 North Military Trl			FEC Identification Number C	
City Boca Raton	State FL	Zip Code 33496	Amount of Each Disbursement this Period 50.17	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.4460	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Premiere Advertising</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020	
Mailing Address 2704 E 62bd St			FEC Identification Number C	
City Indianapolis	State IN	Zip Code 46220	Amount of Each Disbursement this Period 498.00	
Purpose of Disbursement Advertising Consulting		Category/ Type	Transaction ID : SB17.4535	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1073.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. RumbleUp</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020
Mailing Address 2101 L St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20037
Purpose of Disbursement Online Services		Amount of Each Disbursement this Period 1200.00
Candidate Name		Transaction ID : SB17.4502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Smith, Lily, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020
Mailing Address 7950 Sargent Rd		FEC Identification Number C
City Indianapolis	State IN	Zip Code 46256
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 750.00
Candidate Name		Transaction ID : SB17.4527
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2020
Mailing Address 500 Staples Dr		FEC Identification Number C
City Framingham	State MA	Zip Code 01702
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 36.14
Candidate Name		Transaction ID : SB17.4495
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1986.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2020		
Mailing Address 55 Glenlake Pkwy NE			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 45.00		
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.4459		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4391		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4458		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2020
Mailing Address 475 L'Enfant Plaza SW		FEC Identification Number C
City Washington	State DC	Zip Code 20260
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 875.00
Candidate Name		Transaction ID : SB17.4461
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 475 L'Enfant Plaza SW		FEC Identification Number C
City Washington	State DC	Zip Code 20260
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 874.30
Candidate Name		Transaction ID : SB17.4465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020
Mailing Address 475 L'Enfant Plaza SW		FEC Identification Number C
City Washington	State DC	Zip Code 20260
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 1400.00
Candidate Name		Transaction ID : SB17.4467
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3149.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 2065.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4468		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4485		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020		
Mailing Address 475 L'Enfant Plaza SW			FEC Identification Number C		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 2450.00		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.4501		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VOTEBRIZZI**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2020
Mailing Address 475 L'Enfant Plaza SW		FEC Identification Number C
City Washington	State DC	Zip Code 20260
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 700.00
Candidate Name		Transaction ID : SB17.4496
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2020
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Credit Card Processing		Amount of Each Disbursement this Period 0.68
Candidate Name		Transaction ID : SB17.4472
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	700.68
<b>TOTAL</b> This Period (last page this line number only).....▶	77148.46

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4250**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
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<b>TERMS</b>	Date Incurred M 03 / D 30 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	60000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4394**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 05 / D 13 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4414**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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<b>TERMS</b>	Date Incurred M 05 / D 15 / Y 2020	Date Due M M / D D / Y 12/30/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	8000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4444**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 05 / D 19 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4454**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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<b>TERMS</b>	Date Incurred M 05 / D 21 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4478**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5500.00
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<b>TERMS</b>	Date Incurred M 05 / D 27 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4553**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIZZI, CARL JOSEPH, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 13000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 13000.00
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<b>TERMS</b>	Date Incurred M 06 / D 23 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	13000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **VOTEBRIZZI** Transaction ID : **SC/10.4554**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) BRIZZI, CARL JOSEPH, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12409 BROOKS XING			
City FISHERS	State IN	ZIP Code 46037	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2193.69	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2193.69
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<b>TERMS</b>	Date Incurred M 06 / D 30 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2193.69
<b>TOTALS</b> This Period (last page in this line only).....▶	115193.69

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