

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

VOTEVETS

ADDRESS (number and street) PO Box 75357

Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00418897

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on 11/08/2016 in the State of DC

5. Covering Period 10/20/2016 through 11/28/2016

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

Hegdahl, Rick, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hegdahl, Rick, , , [Electronically Filed] Date 12/08/2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**VOTEVETS**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="81142.06"/>	<input type="text" value="81142.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="498521.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3399759.86"/>	<input type="text" value="11524597.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3898281.73"/>	<input type="text" value="11605739.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3568789.69"/>	<input type="text" value="11276247.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="329492.04"/>	<input type="text" value="329492.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**VOTEVETS**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10413.50	54907.00
(ii) Unitemized .....	24441.16	214592.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34854.66	269499.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34854.66	304499.40
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).....	14449.40	14449.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3350455.80	11200648.55
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)).....▶	3399759.86	11524597.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3399759.86	11524597.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17951.76	1980387.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17951.76	1980387.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	89500.00
24. Independent Expenditures (use Schedule E) .....	3545337.93	9081561.23
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	8350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	8350.00
29. Other Disbursements (Including Non-Federal Donations).....	3500.00	116448.60
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)) ..	3568789.69	11276247.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3568789.69	11276247.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34854.66	304499.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34854.66	296149.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17951.76	1980387.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	14449.40	14449.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3502.36	1965938.14

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Beer, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1535 T St NW  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Maryland Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172840**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Blass, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 Mercer St #3E  
 City New York State NY Zip Code 10012-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2016  
**Transaction ID : C22154280**  
 Amount of Each Receipt this Period  
 36.00  
 Memo Item

**C. Boyanowski, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Legion Rd  
 City Oak Ridge State NJ Zip Code 07438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William R Seide Agency Occupation (for Individual) Insurance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172987**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Clarke Torres, Colette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7606 Dallas Dr  
 City Austin State TX Zip Code 78729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Disabled  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172047**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Danielson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3511 NE Hayes St  
 City Camas State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Infinera Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172050**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Davis, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 SE Brookwood Ave  
 City Hillsboro State OR Zip Code 97123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Farrier  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22154195**  
 Amount of Each Receipt this Period 7.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	357.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VOTEVETS**

**A. Davis, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 SE Brookwood Ave  
 City Hillsboro State OR Zip Code 97123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Farrier  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 11 / 17 / 2016  
**Transaction ID : C22172248**  
 Amount of Each Receipt this Period 7.50  
 Memo Item

**B. Davis, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 SE Brookwood Ave  
 City Hillsboro State OR Zip Code 97123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Farrier  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 11 / 23 / 2016  
**Transaction ID : C22172522**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Dicarlo, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Lombard St Apt # 601  
 City San Francisco State CA Zip Code 94111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 11 / 04 / 2016  
**Transaction ID : C22172051**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Drake, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 369 Marion Ave  
 City Mill Valley State CA Zip Code 94941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 24 / 2016**  
**Transaction ID : C22154294**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Eastep, Glenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31235 Sunrise Beach Dr NE  
 City Kingston State WA Zip Code 98346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : C22154198**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. Ewers, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19191 Harvard Ave Apt 130A  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : C22154166**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2062.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ewers, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19191 Harvard Ave  
 Apt 130A  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : C22154167**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Ewers, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19191 Harvard Ave  
 Apt 130A  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2016  
**Transaction ID : C22172246**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Ewers, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19191 Harvard Ave  
 Apt 130A  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2016  
**Transaction ID : C22172247**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Foszcz, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7301 W Burgett Rd  
 City Richmond State IL Zip Code 60071-9787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172428**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Galbraith, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3930 N Harcourt Pl  
 City Shorewood State WI Zip Code 53211-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Musician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172128**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Garrett, Dallas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1570 Westbrook Ave  
 City Odessa State TX Zip Code 79761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westech Seal Occupation (for Individual) Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172063**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gutt, Jack, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 23 / 2016 <b>Transaction ID : C22173055</b>
Mailing Address 30 W 69th St		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) New York Fed	Occupation (for Individual) Communicator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Haye, Henry, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2016 <b>Transaction ID : C22154187</b>
Mailing Address 6301 Turnberry Cir		Amount of Each Receipt this Period 20.00
City Huntington Beach	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Haye, Henry, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2016 <b>Transaction ID : C22172129</b>
Mailing Address 6301 Turnberry Cir		Amount of Each Receipt this Period 100.00
City Huntington Beach	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1110.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VOTEVETS**

**A. Haye, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6301 Turnberry Cir  
 City Huntington Beach State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2016  
**Transaction ID : C22172244**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Howells, Edgar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 Alma Real Dr  
 City Pacific Palisades State CA Zip Code 90272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172465**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Kane, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 4th St  
 City Davis State CA Zip Code 95616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Micro Eye Inc. Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172975**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kortum, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Bencich Ln  
 City Watsonville State CA Zip Code 95076-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172464**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Kushner, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 Lloyd Ave  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2016  
**Transaction ID : C22172073**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Lesser, Margo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1044 N Glenhurst Dr  
 City Birmingham State MI Zip Code 48009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2016  
**Transaction ID : C22172394**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lindy, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 Cape Marco Dr  
 Unit 506  
 City Marco Island State FL Zip Code 34145-6344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5050.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172361**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Partial Refund: See Next Report

**B. Lindy, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 Cape Marco Dr  
 Unit 506  
 City Marco Island State FL Zip Code 34145-6344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5050.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172362**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Little, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1107 5th Ave  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22173020**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Long, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 203 Paris St		<b>Transaction ID : C22154161</b>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Long, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 203 Paris St		<b>Transaction ID : C22154162</b>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Long, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2016
Mailing Address 203 Paris St		<b>Transaction ID : C22172253</b>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Long, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Paris St  
 City San Francisco State CA Zip Code 94112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2016  
**Transaction ID : C22172254**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McClaskey, Veronica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6112 NW El Rey Dr  
 City Camas State WA Zip Code 98607-9124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172591**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. McCulloh, Gordon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Smokerise Smt  
 City Stone Mountain State GA Zip Code 30087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22154180**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VOTEVETS**

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

Mailing Address 1801 Smokerise Smt

City Stone Mountain	State GA	Zip Code 30087
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

**Transaction ID : C22154181**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 265 Gayman Ct

City Avon	State IL	Zip Code 61415
--------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Businesswoman
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

**Transaction ID : C22154253**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 333 S Patterson St

City State College	State PA	Zip Code 16801
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2016

**Transaction ID : C22172704**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Paprocki, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1629 Skyline Rd  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 23 / 2016  
**Transaction ID : C22172393**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Passon, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1390 S Kihei Rd  
 City Kihei State HI Zip Code 96753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 11 / 23 / 2016  
**Transaction ID : C22172520**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Reyes, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 58537  
 City Webster State TX Zip Code 77598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 10 / 21 / 2016  
**Transaction ID : C22154190**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 9 Albion Pl

City Newton Centre	State MA	Zip Code 02459-2121
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

**Transaction ID : C22172098**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 66 Southampton Ave

City Berkeley	State CA	Zip Code 94707-2052
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2016

**Transaction ID : C22173161**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO Box 1338

City Shelton	State WA	Zip Code 98584
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2016

**Transaction ID : C22172512**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stingel, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 852 Newport Circle  
 City Redwood City State CA Zip Code 94065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Telecom Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172592**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sullivan, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5749 Remington Circle Apt 1222  
 City Fort Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172578**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Tighe, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 W Oakdale Ave  
 City Chicago State IL Zip Code 60657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cotsirilos Tighe Streicker Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22154212**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Tsien, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85200 Ridgetop Dr  
 City Eugene State OR Zip Code 97405-9535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 23 / 2016  
**Transaction ID : C22172548**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Wagner, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 Prairie Landing  
 City Eagle Point State OR Zip Code 97524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172139**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Waite, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3624 Appleton St NW  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : C22172091**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Workman, Chuck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1508 Saint Andrews Way  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : C22154191**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Workman, Chuck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1508 Saint Andrews Way  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **11 / 17 / 2016**  
**Transaction ID : C22172261**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Workman, Chuck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1508 Saint Andrews Way  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **11 / 23 / 2016**  
**Transaction ID : C22172947**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 24 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VOTEVETS**

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

Mailing Address 2186 S Orilla Rd

City Cumming	State IA	Zip Code 50061
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

**Transaction ID : C22154249**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	10413.50



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Ralston Lapp Media**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1054 31st St NW  
 Ste 430  
 City Washington State DC Zip Code 20007-6042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14449.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2016  
**Transaction ID : C22154550**  
 Amount of Each Receipt this Period  
 14449.40  
 Memo Item  
 Non-Contribution Account- Refund of Advertising Production Costs

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14449.40
<b>TOTAL</b> This Period (last page this line number only).....	14449.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Clarke Torres, Colette, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 7606 Dallas Dr		<b>Transaction ID : C22094784</b>
City Austin	State TX	Zip Code 78729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Disabled	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Eaton, Joyce, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2016
Mailing Address PO Box 51616		<b>Transaction ID : C22172628</b>
City Eugene	State OR	Zip Code 97405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) University of Oregon	Occupation (for Individual) Analyst Programmer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fisher, Gerald, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 432 Grassland Court		<b>Transaction ID : C22095016</b>
City Bluffton	State IN	Zip Code 46714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. FOR OUR FUTURE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 888 16TH ST., NW, STE. 650

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00620971

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
946835.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2016

**Transaction ID : C22146735**

Amount of Each Receipt this Period  
61390.80

Memo Item

Non-Contribution Account

**B. FOR OUR FUTURE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 888 16TH ST., NW, STE. 650

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00620971

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
946835.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

**Transaction ID : C22154549**

Amount of Each Receipt this Period  
7000.00

Memo Item

Non-Contribution Account

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

Mailing Address 314 Terrill Beach Rd

City Eastsound	State WA	Zip Code 98245-9459
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

**Transaction ID : C22094976**

Amount of Each Receipt this Period  
50.00

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68440.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Hanley, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11776 Stratford House Pl  
 Apt 1109  
 City Reston State VA Zip Code 20190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : C22094971**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Non-Contribution Account

**B. Hart, Janie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2374B Roosevelt Ave  
 City Springfield State MA Zip Code 01104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : C22095009**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Non-Contribution Account

**C. Kane, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 4th St  
 City Davis State CA Zip Code 95616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Micro Eye Inc. Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : C22094906**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Kortum, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Bencich Ln  
 City Watsonville State CA Zip Code 95076-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.50

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22094992**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-Contribution Account

**B. Lundquist, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 Manningham Dr  
 City Madison State AL Zip Code 35758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raytheon Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22095189**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-Contribution Account

**C. Papanek, Gustav, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Mason St  
 City Lexington State MA Zip Code 02421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIDE Occupation (for Individual) Economist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22094965**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Paprocki, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1629 Skyline Rd  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22094979**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

**B. Passon, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1390 S Kihei Rd  
 City Kihei State HI Zip Code 96753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22094899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Phillips, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 364 Main St  
 City North Andover State MA Zip Code 01845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Bookseller  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : C22095180**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Pritzker, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9171 Wilshire Blvd  
 Ste 300  
 City Beverly Hills State CA Zip Code 90210-5524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt **11 / 08 / 2016**  
**Transaction ID : C22154548**  
 Amount of Each Receipt this Period 4600.00  
 Memo Item  
 Non-Contribution Account

**B. SENATE MAJORITY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 13TH STREET, NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00484642  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3514854.00

Date of Receipt **10 / 24 / 2016**  
**Transaction ID : C22146733**  
 Amount of Each Receipt this Period 1567854.00  
 Memo Item  
 Non-Contribution Account

**C. SENATE MAJORITY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 13TH STREET, NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00484642  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3514854.00

Date of Receipt **10 / 27 / 2016**  
**Transaction ID : C22146734**  
 Amount of Each Receipt this Period 641000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2213454.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. SENATE MAJORITY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00484642

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3514854.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

**Transaction ID : C22172027**

Amount of Each Receipt this Period  
906000.00

Memo Item

Non-Contribution Account

**B. United Association Political Education Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

FEC ID number of contributing federal political committee. **C** C00012476

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 155000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

**Transaction ID : C22146736**

Amount of Each Receipt this Period  
150000.00

Memo Item

Non-Contribution Account

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

Mailing Address

City State Zip Code

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1056000.00
<b>TOTAL</b> This Period (last page this line number only).....	3339169.80



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 14 Arrow St		FEC Identification Number C <b>Transaction ID : D656126</b> Amount of Each Disbursement this Period 528.56
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 14 Arrow St		FEC Identification Number C <b>Transaction ID : D656127</b> Amount of Each Disbursement this Period 34.01
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 14 Arrow St		FEC Identification Number C <b>Transaction ID : D656128</b> Amount of Each Disbursement this Period 22.02
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	584.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : <b>D656649</b>	
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disbursement this Period 100.75	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : <b>D656650</b>	
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disbursement this Period 22.89	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : <b>D656660</b>	
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disbursement this Period 6.15	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

129.79

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2016			

FEC Identification Number

C [ ]

Transaction ID : D656661

Amount of Each Disbursement this Period

[ ] 29.66

Memo Item

Full Name (Last, First, Middle Initial)

### B. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2016			

FEC Identification Number

C [ ]

Transaction ID : D656672

Amount of Each Disbursement this Period

[ ] 1030.15

Memo Item

Full Name (Last, First, Middle Initial)

### C. ADP

Mailing Address 99 Jefferson Rd  
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement  
Payroll Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2016			

FEC Identification Number

C [ ]

Transaction ID : D656646

Amount of Each Disbursement this Period

[ ] 85.76

Memo Item

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

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

[ ] 1145.57

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd  
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : D656114

Amount of Each Disbursement this Period: 90.70

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd  
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : D656145

Amount of Each Disbursement this Period: 90.70

Memo Item

**C. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : D656143

Amount of Each Disbursement this Period: 64.00

Memo Item

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

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

245.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 56 E 42nd St		FEC Identification Number C [ ] <b>Transaction ID : D656144</b> Amount of Each Disbursement this Period [ ] 40.00	
City New York	State NY	Zip Code 10017-5407	Category/ Type [ ]
Purpose of Disbursement Bank Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 56 E 42nd St		FEC Identification Number C [ ] <b>Transaction ID : D656643</b> Amount of Each Disbursement this Period [ ] 346.11 Non-Contribution Account	
City New York	State NY	Zip Code 10017-5407	Category/ Type [ ]
Purpose of Disbursement Bank Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DSG Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 3506 Legation St NW		FEC Identification Number C [ ] <b>Transaction ID : D656489</b> Amount of Each Disbursement this Period [ ] 2500.00 Non-Contribution Account	
City Washington	State DC	Zip Code 20015-1716	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting Serices		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2886.11
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Eric Schmeltzer</b>			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016		
Mailing Address 75 Sutton St # 1			FEC Identification Number C [ ] <b>Transaction ID : D656645</b> Amount of Each Disbursement this Period [ ] 7000.00 Non-Contribution Account <input type="checkbox"/> Memo Item		
City Brooklyn	State NY	Zip Code 11222-4403	Category/Type [ ]		
Purpose of Disbursement Communication Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) <b>B. Eric Schmeltzer</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 75 Sutton St # 1			FEC Identification Number C [ ] <b>Transaction ID : D656121</b> Amount of Each Disbursement this Period [ ] 200.00 Memo Item <input type="checkbox"/>		
City Brooklyn	State NY	Zip Code 11222-4403	Category/Type [ ]		
Purpose of Disbursement Communication Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) <b>C. Evans &amp; Katz LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 16 / 2016		
Mailing Address PO Box 75357			FEC Identification Number C [ ] <b>Transaction ID : D656644</b> Amount of Each Disbursement this Period [ ] 2610.30 Non-Contribution Account <input type="checkbox"/> Memo Item		
City Washington	State DC	Zip Code 20013-0357	Category/Type [ ]		
Purpose of Disbursement Compliance Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 9810.30		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]		

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MacDonald, Les, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1111 Locust St			FEC Identification Number C [ ] <b>Transaction ID : D656119</b> Amount of Each Disbursement this Period [ ] 342.50	
City Philadelphia	State PA	Zip Code 19107-5869	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Management Services		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MacDonald, Les, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 1111 Locust St			FEC Identification Number C [ ] <b>Transaction ID : D656155</b> Amount of Each Disbursement this Period [ ] 342.50	
City Philadelphia	State PA	Zip Code 19107-5869	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Management Services		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mellman, Peter, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 4518 N Kerby Ave			FEC Identification Number C [ ] <b>Transaction ID : D656156</b> Amount of Each Disbursement this Period [ ] 200.00	
City Portland	State OR	Zip Code 97217-3042	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Operation Services		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

885.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mellman, Peter, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 4518 N Kerby Ave				
City Portland	State OR	Zip Code 97217-3042	FEC Identification Number C	
Purpose of Disbursement Operation Services			Transaction ID : D656120	
Candidate Name			Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 11 / 17 / 2016	
Mailing Address 1101 15th Street NW Suite 500				
City Washington	State DC	Zip Code 20005-3521	FEC Identification Number C	
Purpose of Disbursement Database Software & Support			Transaction ID : D656647	
Candidate Name			Amount of Each Disbursement this Period 1050.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Soltz, Jonathan, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 2727 South Quincy Street				
City Arlington	State VA	Zip Code 22206	FEC Identification Number C	
Purpose of Disbursement Strategic Management Services			Transaction ID : D656123	
Candidate Name			Amount of Each Disbursement this Period 235.00	
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).....▶	1485.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Soltz, Jonathan, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 2727 South Quincy Street		FEC Identification Number <b>C</b> Transaction ID : <b>D656158</b> Amount of Each Disbursement this Period 235.00
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Strategic Management Services	Memo Item <input type="checkbox"/>
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>B. Tagaris, Tim, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1735 P St NW		FEC Identification Number <b>C</b> Transaction ID : <b>D656159</b> Amount of Each Disbursement this Period 262.50
City Washington	State DC	
Zip Code 20036-1343	Purpose of Disbursement Digital Consulting Services	Memo Item <input type="checkbox"/>
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>C. Tagaris, Tim, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1735 P St NW		FEC Identification Number <b>C</b> Transaction ID : <b>D654376</b> Amount of Each Disbursement this Period 262.50
City Washington	State DC	
Zip Code 20036-1343	Purpose of Disbursement Digital Consulting Services	Memo Item <input type="checkbox"/>
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:		

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

760.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**VOTEVETS**

Full Name (Last, First, Middle Initial) <b>A. Trilogy Interactive LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address PO Box 4177		FEC Identification Number C [ ]	
City Mountain View	State CA	Zip Code 94040-0177	Transaction ID : <b>D656149</b>
Purpose of Disbursement Web Hosting Services		Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17951.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SERVE AMERICA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2013

City SALEM State MA Zip Code 01970

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C 000571174

Transaction ID : D656148

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. TIME TO UNITE LEAD AND SERVE WITH INTEGRITY - TULSI PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1174

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C 000542993

Transaction ID : D656146

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**VOTEVETS**

Full Name (Last, First, Middle Initial) <b>A. Friends of Eric Zimmerman</b>			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 01 / 2016		
Mailing Address PO Box 42307			FEC Identification Number C [ ] <b>Transaction ID : D656150</b> Amount of Each Disbursement this Period [ ] 750.00 <input type="checkbox"/> Memo Item		
City Portland	State OR	Zip Code 97242-0307	Category/Type [ ]		
Purpose of Disbursement Non-Federal Contribution			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) <b>B. Friends of Kaiali'i Kahele</b>			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 01 / 2016		
Mailing Address PO Box 4952			FEC Identification Number C [ ] <b>Transaction ID : D656147</b> Amount of Each Disbursement this Period [ ] 750.00 <input type="checkbox"/> Memo Item		
City Hilo	State HI	Zip Code 96720	Category/Type [ ]		
Purpose of Disbursement Non-Federal Contribution			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) <b>C. John Bocchieri for Ohio Committee</b>			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 01 / 2016		
Mailing Address 2951 Autumnwood Trl			FEC Identification Number C [ ] <b>Transaction ID : D656151</b> Amount of Each Disbursement this Period [ ] 2000.00 <input type="checkbox"/> Memo Item		
City Youngstown	State OH	Zip Code 44514-2860	Category/Type [ ]		
Purpose of Disbursement Non-Federal Contribution			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 3500.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ] 3500.00		

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SKD Knickerbocker LLC</b>			Nature of Debt (Purpose): Advertising Production
Mailing Address 1150 18th St NW Ste 800			
City Washington	State DC	Zip Code 20036-3845	

Outstanding Balance Beginning This Period		<b>Transaction ID : D658006</b>	
18395.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	18395.24	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waterfront Strategies</b>			Nature of Debt (Purpose): Advertising Production
Mailing Address 3050 K St NW			
City Washington	State DC	Zip Code 20007-5108	

Outstanding Balance Beginning This Period		<b>Transaction ID : D654933</b>	
12448.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	12448.73	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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
VOTEVETS
FEC IDENTIFICATION NUMBER
C C00418897

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

Full Name of Payee SKD Knickerbocker LLC
Mailing Address 1150 18th St NW Ste 800
City Washington State DC Zip Code 20036-3845
Purpose of Expenditure Payment for Advertising Production as Disclosed on Pre-General Report
Category/Type 004
Date of Public Distribution/Dissemination 10/11/2016
Amount 18395.24
Transaction ID : D652691
Date of Disbursement or Obligation 10/24/2016
Name of Federal Candidate: AYOTTE, KELLY A, ,
Office Sought: Senate State: NH
Disbursement For: General 2016

Full Name of Payee Waterfront Strategies
Non-Contribution Account
Mailing Address 3050 K St NW
City Washington State DC Zip Code 20007-5108
Purpose of Expenditure Media Buy
Category/Type 004
Date of Public Distribution/Dissemination 10/27/2016
Amount 1537010.00
Transaction ID : D655267
Date of Disbursement or Obligation 10/24/2016
Name of Federal Candidate: YOUNG, TODD CHRISTOPHER, ,
Office Sought: Senate State: IN
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 1555405.24
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Hegdahl, Rick, ,

[Electronically Filed]

Date

12/08/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Ralston Lapp Media</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">27</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address 1054 31st St NW Ste 430	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28898.79</div>
City Washington    State DC    Zip Code 20007-6042	
Purpose of Expenditure Advertising Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: YOUNG, TODD CHRISTOPHER, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: IN
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">1578762.72</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Ralston Lapp Media</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">27</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address 1054 31st St NW Ste 430	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12853.93</div>
City Washington    State DC    Zip Code 20007-6042	
Purpose of Expenditure Advertising Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: YOUNG, TODD CHRISTOPHER, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: IN
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">1578762.72</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">41752.72</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Hegdahl, Rick, , ,

*[Electronically Filed]*

Date

12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	---

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2016		
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9958.98</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20007-5108</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20007-5108	
Purpose of Expenditure Payment for Advertising Production as Disclosed on Pre-General Report	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: <input type="checkbox"/> Support BLUNT, ROY, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2533433.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2016		
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2489.75</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20007-5108</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20007-5108	
Purpose of Expenditure Payment for Advertising Production as Disclosed on Pre-General Report	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support KANDER, JASON, , , <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2533433.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12448.73</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*Hegdahl, Rick, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b> Non-Contribution Account	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2016						
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59977.60</div> Transaction ID : <b>D655459</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Media Buy							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BLUNT, ROY, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>MO</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2533433.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b> Non-Contribution Account	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2016						
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14994.40</div> Transaction ID : <b>D655460</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Media Buy							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>MO</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2533433.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">74972.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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*Hegdahl, Rick, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
VOTEVETS
FEC IDENTIFICATION NUMBER
C C00418897

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

Full Name of Payee: Grassroots Campaigns Inc.
Mailing Address: PO Box 120557
City: Boston, State: MA, Zip Code: 02112-0557
Purpose of Expenditure: Canvassing Services
Category/Type: 001
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 39500.00
Transaction ID: D655569
Date of Disbursement or Obligation: 10/25/2016

Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, ,
Support
Office Sought: Senate, State: PA
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 126862.50

Full Name of Payee: Grassroots Campaigns Inc.
Mailing Address: PO Box 120557
City: Boston, State: MA, Zip Code: 02112-0557
Purpose of Expenditure: Canvassing Services
Category/Type: 001
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 44000.00
Transaction ID: D655570
Date of Disbursement or Obligation: 10/25/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support
Office Sought: Senate, State: FL
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 136952.62

(a) SUBTOTAL of Itemized Independent Expenditures: 83500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Hegdahl, Rick, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00418897
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Grassroots Campaigns Inc.</b> Non-Contribution Account	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 120557	Amount <input type="text"/>
City Boston State MA Zip Code 02112-0557	Transaction ID : <b>D65571</b>
Purpose of Expenditure Canvassing Services Category/Type <input type="text"/> 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1070710.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack Sumner</b> Non-Contribution Account	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2001 N Beaugard St	Amount <input type="text"/>
City Alexandria State VA Zip Code 22311-1739	Transaction ID : <b>D65572</b>
Purpose of Expenditure Printing - Canvassing Literature Category/Type <input type="text"/> 006	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 136952.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 136605.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

Hegdahl, Rick, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack Sumner</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      11 / 02 / 2016                 </div>						
Mailing Address 2001 N Beauregard St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">.</span> 4925.00                 </div> Transaction ID : <b>D655573</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 25 / 2016                 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22311-1739</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1739
City		State	Zip Code				
Alexandria	VA	22311-1739					
Purpose of Expenditure Printing - Canvassing Literature	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>						
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1070710.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Grassroots Campaigns Inc.</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      11 / 02 / 2016                 </div>						
Mailing Address PO Box 120557	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">.</span> 48180.00                 </div> Transaction ID : <b>D655577</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 25 / 2016                 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Boston</td> <td>MA</td> <td>02112-0557</td> </tr> </table>		City	State	Zip Code	Boston	MA	02112-0557
City		State	Zip Code				
Boston	MA	02112-0557					
Purpose of Expenditure Canvassing Services	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>						
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">139122.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">.</span> 53105.00                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">.</span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">.</span> </div>

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

*Hegdahl, Rick, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">28</span> / <span style="font-size: 1.2em;">2016</span> </div>						
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">674578.00</div> Transaction ID : <b>D655448</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">28</span> / <span style="font-size: 1.2em;">2016</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Media Buy							
Name of Federal Candidate: <input type="checkbox"/> Support HECK, JOE, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1768789.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b> Non-Contribution Account	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">02</span> / <span style="font-size: 1.2em;">2016</span> </div>						
Mailing Address 3050 K St NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">724420.80</div> Transaction ID : <b>D655537</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">01</span> / <span style="font-size: 1.2em;">2016</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007-5108</td> </tr> </table>		City	State	Zip Code	Washington	DC	20007-5108
City		State	Zip Code				
Washington	DC	20007-5108					
Purpose of Expenditure Media Buy							
Name of Federal Candidate: <input type="checkbox"/> Support BLUNT, ROY, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2533433.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1398998.80</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*Hegdahl, Rick, , ,*

**[Electronically Filed]**

Date

  /  /    
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
VOTEVETS
FEC IDENTIFICATION NUMBER
C C00418897

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

Full Name of Payee: Waterfront Strategies
Mailing Address: 3050 K St NW
City: Washington, State: DC, Zip Code: 20007-5108
Purpose of Expenditure: Media Buy, Category/Type: 004
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 181105.20
Transaction ID: D65538
Date of Disbursement or Obligation: 11/01/2016

Name of Federal Candidate: KANDER, JASON, ,
Support
Office Sought: Senate, State: MO
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 2533433.32

Full Name of Payee: Mack Sumner
Mailing Address: 2001 N Beaugard St
City: Alexandria, State: VA, Zip Code: 22311-1739
Purpose of Expenditure: Printing - Canvassing Literature, Category/Type: 006
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 2068.22
Transaction ID: D656112
Date of Disbursement or Obligation: 11/02/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support
Office Sought: Senate, State: FL
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 136952.62

(a) SUBTOTAL of Itemized Independent Expenditures: 183173.42
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Hegdahl, Rick, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>VOTEVETS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00418897                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack Sumner</b> Non-Contribution Account	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">11 / 02 / 2016</span>						
Mailing Address 2001 N Beauregard St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2068.21</div> Transaction ID : <b>D656113</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">11 / 02 / 2016</span>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22311-1739</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1739
City		State	Zip Code				
Alexandria	VA	22311-1739					
Purpose of Expenditure Printing - Canvassing Literature							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1070710.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack Sumner</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">11 / 07 / 2016</span>						
Mailing Address 2001 N Beauregard St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1654.40</div> Transaction ID : <b>D656641</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">11 / 07 / 2016</span>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22311-1739</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1739
City		State	Zip Code				
Alexandria	VA	22311-1739					
Purpose of Expenditure Printing - Canvassing Literature							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">136952.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3722.61</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*Hegdahl, Rick, , ,*

**[Electronically Filed]**

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
VOTEVETS
FEC IDENTIFICATION NUMBER
C C00418897

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

Full Name of Payee Mack Sumner
Mailing Address 2001 N Beauregard St
City Alexandria State VA Zip Code 22311-1739
Purpose of Expenditure Printing - Canvassing Literature
Category/Type
Date of Public Distribution/Dissemination 11/07/2016
Amount 1654.41
Transaction ID : D656642
Date of Disbursement or Obligation 11/07/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

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

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (1654.41), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (3545337.93).

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

Hegdahl, Rick, ,

[Electronically Filed]

Date

12/08/2016

Signature