

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
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3425 US HWY 98 NORTH
Check if different than previously reported. (ACC) LAKELAND FL 33809

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00453704 3. IS THIS REPORT NEW OR AMENDED (A) [x]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Mitha, Amin, , , [Electronically Filed] Date 02 / 25 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

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="2018"/>	<input type="text" value="2624.12"/>	<input type="text" value="2624.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2994.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="103910.00"/>	<input type="text" value="105280.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106904.12"/>	<input type="text" value="107904.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="103848.28"/>	<input type="text" value="104848.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3055.84"/>	<input type="text" value="3055.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	2650.00	3800.00
(ii) Unitemized	260.00	480.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2910.00	4280.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2910.00	4280.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	101000.00	101000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	103910.00	105280.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	103910.00	105280.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11950.00	11950.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11950.00	11950.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	4000.00
24. Independent Expenditures (use Schedule E)	88753.00	88753.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	145.28	145.28
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)) ..	103848.28	104848.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103848.28	104848.28

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2910.00	4280.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2910.00	4280.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11950.00	11950.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11950.00	11950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<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

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)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

A. Elamin, Elamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11325 Lake Lucaya Dr
 City Riverview State FL Zip Code 33579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James A. Haley VA Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 04 / 2018**
Transaction ID : SA11AI.4545
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ilyas, Asif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address WHITEGATE Rd
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reconstructive Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 21 / 2018**
Transaction ID : SA11AI.4543
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Madhany, Zeenat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8967 Savannah Park
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 19 / 2018**
Transaction ID : SA11AI.4539
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<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)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

A. Mitha, Amin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Windermere Dr
 City Lakeland State FL Zip Code 33809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) hotel owner Occupation (for Individual) self employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : SA11AI.4541
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mitha, Farooq, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Windermere Dr
 City Lakeland State FL Zip Code 33809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) consultant Occupation (for Individual) Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : SA11AI.4538
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Qazi, Faisal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 W Valencia Mesa Dr
 City Fullerton State CA Zip Code 92833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inland Neurological Consultant, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 09 / 2018
Transaction ID : SA11AI.4536
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<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)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

A. Hamzavi, Iltefat, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49199 Parkshore Court

City Northville	State MI	Zip Code 48168
--------------------	-------------	-------------------

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

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

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
08	/	08	/	2018

Transaction ID : SA17.4517

Amount of Each Receipt this Period
1000.00

Memo Item
Donation

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

Mailing Address 5000 Rosalie

City Dearborn	State MI	Zip Code 48126
------------------	-------------	-------------------

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

Name of Employer (for Individual) self employed	Occupation (for Individual) Saad Wholesale Meats
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2018

Transaction ID : SA17.4510

Amount of Each Receipt this Period
100000.00

Memo Item
IE Donation

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	101000.00
TOTAL This Period (last page this line number only).....	101000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chism Strategies

Mailing Address 2906 North State Street
Suite 106

City Jackson State MS Zip Code 39216

Purpose of Disbursement
Polling Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4615
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kassem, Hebah, , ,

Mailing Address 27006 Kingswood Drive

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Consulting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4616
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kassem, Hebah, , ,

Mailing Address 27006 Kingswood Drive

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Consulting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4619
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

A. LEARNED, ANDREW, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 / 24 / 2018

Mailing Address: 3433 LITHIA PINECREST ROAD STE #249

City: VALRICO State: FL Zip Code: 33596

Purpose of Disbursement: Campaign Contribution

Candidate Name: LEARNED, ANDREW, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 15

FEC Identification Number: C H8FL15180
Transaction ID : SB23.4530
Amount of Each Disbursement this Period: 250.00

Category/Type: 011

Memo Item

B. SOTO, DARREN, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 08 / 27 / 2018

Mailing Address: P.O. BOX 420239

City: KISSIMMEE State: FL Zip Code: 34742

Purpose of Disbursement: Campaign Contribution

Candidate Name:

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 09

FEC Identification Number: C H6FL09179
Transaction ID : SB23.4529
Amount of Each Disbursement this Period: 500.00

Category/Type: 011

Memo Item

C. TLAIB, RASHIDA, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 07 / 02 / 2018

Mailing Address: 680 DELAWARE ST #303

City: DETROIT State: MI Zip Code: 48202

Purpose of Disbursement: Campaign Contribution

Candidate Name:

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 13

FEC Identification Number: C H8MI13250
Transaction ID : SB23.4522
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

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

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

1750.00

**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 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)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

A. WEXTON, JENNIFER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 650550

City STERLING State VA Zip Code 20165

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C H8VA10106

Transaction ID : SB23.4533

Amount of Each Disbursement this Period: 1250.00

Memo Item

B.

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	3000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE
FEC IDENTIFICATION NUMBER
C C00453704

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

Full Name of Payee Ourso Beychok
Mailing Address 352 Napoleon Street
City Baton Rouge State LA Zip Code 70802
Purpose of Expenditure Candidate Mailer Category/Type 004
Name of Federal Candidate: SAAD, FAYROUZ, , , Support
Office Sought: House District: 11 State: MI
Calendar Year-To-Date Per Election for Office Sought 23073.00
Disbursement For: Primary 2018

Full Name of Payee Ourso Beychok
Mailing Address 352 Napoleon Street
City Baton Rouge State LA Zip Code 70802
Purpose of Expenditure Mailer Category/Type 004
Name of Federal Candidate: SAAD, FAYROUZ, , , Support
Office Sought: House District: 11 State: MI
Calendar Year-To-Date Per Election for Office Sought 48473.00
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 48473.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Mitha, Amin, , ,

[Electronically Filed]

Date 02 / 25 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE
FEC IDENTIFICATION NUMBER
C C00453704

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

Full Name of Payee Ourso Beychok
Mailing Address 352 Napoleon Street
City Baton Rouge State LA Zip Code 70802
Purpose of Expenditure Mailer
Name of Federal Candidate: SAAD, FAYROUZ, ,
Calendar Year-To-Date Per Election for Office Sought 67873.00
Date of Public Distribution/Dissemination 07/27/2018
Amount 19400.00
Transaction ID : SE.4507
Date of Disbursement or Obligation 07/27/2018
Office Sought: House District: 11 State: MI

Full Name of Payee Ourso Beychok
Mailing Address 352 Napoleon Street
City Baton Rouge State LA Zip Code 70802
Purpose of Expenditure Mailers and Calls
Name of Federal Candidate: SAAD, FAYROUZ, ,
Calendar Year-To-Date Per Election for Office Sought 88273.00
Date of Public Distribution/Dissemination 07/30/2018
Amount 20400.00
Transaction ID : SE.4512
Date of Disbursement or Obligation 07/31/2018
Office Sought: House District: 11 State: MI

(a) SUBTOTAL of Itemized Independent Expenditures 39800.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Mitha, Amin, ,

[Electronically Filed]

Date

02/25/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE
FEC IDENTIFICATION NUMBER
C C00453704

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

Full Name of Payee
Sandler, Reiff, Lamb, Rosenstein and Birkenstock
Mailing Address
1090 Vermont Ave NW
Suite 750
City
Washington State
DC Zip Code
20005
Purpose of Expenditure
Legal Fees Category/Type
001
Date of Public Distribution/Dissemination
08 / 22 / 2018
Amount
480.00
Transaction ID : SE.4519
Date of Disbursement or Obligation
08 / 22 / 2018

Name of Federal Candidate:
SAAD, FAYROUZ, ,
Support Oppose
Office Sought:
House District: 11
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
88753.00
Disbursement For:
Primary General
Other (specify)

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

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

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 480.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 88753.00

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.

Mitha, Amin, ,
[Electronically Filed]
Date 02 / 25 / 2019
Signature