

# 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**  
**Shaheen Victory Fund 2020**

ADDRESS (number and street) **PO Box 75357**  
 Check if different than previously reported. (ACC) **Washington DC 20013**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00726679** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2020 through  /  /  2020

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

Signature of Treasurer *Goode, Kathleen, H, ,* [Electronically Filed] Date  /  /  2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Shaheen Victory Fund 2020

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="15000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1500.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="71700.00"/>	<input type="text" value="107100.00"/>
(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="73200.00"/>	<input type="text" value="122100.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64200.00"/>	<input type="text" value="113100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9000.00"/>	<input type="text" value="9000.00"/>
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

Shaheen Victory Fund 2020

Report Covering the Period: From: 04 / 01 / 2020 To: 06 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64200.00	99600.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64200.00	99600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	71700.00	107100.00
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.).....	0.00	0.00
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)).....▶	71700.00	107100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	71700.00	107100.00

**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 .....	2678.14	4760.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2678.14	4760.44
22. Transfers to Affiliated/Other Party Committees.....	61521.86	108339.56
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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).....	0.00	0.00
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)) ..	64200.00	113100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64200.00	113100.00

**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) .....	71700.00	107100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71700.00	107100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2678.14	4760.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2678.14	4760.44

**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 15
	<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)  
**Shaheen Victory Fund 2020**

**A. Lamprey, Josephine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Atlantic Ave  
 City North Hampton State NH Zip Code 03862-2304  
 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 ▼ 2500.00

Date of Receipt 05 / 18 / 2020  
**Transaction ID : VN919FEES73**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Larkin, Deborah, Slaner, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1680 Skiparee Road  
 City North Pownal State VT Zip Code 05260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt Anthony School Occupation (for Individual) Coach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : VN919FFE191**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. Leventhal, Alan, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 State St Ste 5  
 City Boston State MA Zip Code 02109-2628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beacon Capital Partners Occupation (for Individual) Chairman/CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 13 / 2020  
**Transaction ID : VN919FFQAT6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17500.00
<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 15
	<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)  
**Shaheen Victory Fund 2020**

**A. Leventhal, Alan, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 State St  
 Ste 5  
 City Boston State MA Zip Code 02109-2628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beacon Capital Partners Occupation (for Individual) Chairman/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 13 / 2020  
**Transaction ID : VN919FH58R8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Leventhal, Sherry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Pine Rd  
 City Chestnut Hill State MA Zip Code 02467-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 13 / 2020  
**Transaction ID : VN919FFQAS8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Meyer, Roslyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Old Quarry Rd  
 City Guilford State CT Zip Code 06437-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Real Estate Photography  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 06 / 29 / 2020  
**Transaction ID : VN919FGF6A2**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7700.00
<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 8 OF 15
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Shaheen Victory Fund 2020**

**A. Raizman, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Kline Rd  
 City Ligonier State PA Zip Code 15658-2096  
 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 ▼ 1500.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : VN919FDQE38**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Raizman, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Kline Rd  
 City Ligonier State PA Zip Code 15658-2096  
 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 ▼ 1500.00

Date of Receipt **05 / 18 / 2020**  
**Transaction ID : VN919FEES66**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Seigel, Donna, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Woodland Rd  
 City North Hampton State NH Zip Code 03862-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 29 / 2020**  
**Transaction ID : VN919FGF6C8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<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)  
**Shaheen Victory Fund 2020**

**A. Seigel, Fred, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Woodland Rd  
 City North Hampton State NH Zip Code 03862-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beacon Capital Partners LLC Occupation (for Individual) President And COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 13 / 2020**  
**Transaction ID : VN919FFQAV4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Smith, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Independence Ave SE  
 City Washington State DC Zip Code 20003-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Government Affairs Occupation (for Individual) Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 07 / 2020**  
**Transaction ID : VN919FDB7W6**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Smokler, Irving, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 S Ocean Blvd Ste 454  
 City Boca Raton State FL Zip Code 33432-6404  
 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 ▼ 10000.00

Date of Receipt **04 / 07 / 2020**  
**Transaction ID : VN919FDB7V8**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17500.00
<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 10 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Shaheen Victory Fund 2020**

**A. Sweet, Barbara, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 161  
 City New Castle State NH Zip Code 03854-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2020  
**Transaction ID : VN919FEES81**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Townsend, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Alfred Drown Rd  
 City Barrington State RI Zip Code 02806-1854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2020  
**Transaction ID : VN919FFT3E2**  
 Amount of Each Receipt this Period  
 10000.00  
 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).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	64200.00

**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 11 OF 15
<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)  
**Shaheen Victory Fund 2020**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. AMERICA WORKS PAC</b>		Date of Receipt
Mailing Address PO Box 76187		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20013-6187
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00331694"/>		<b>Transaction ID : VN919FGF694</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KEYSTONE AMERICA PAC</b>		Date of Receipt
Mailing Address PO Box 58746		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Philadelphia	State PA	Zip Code 19102-8746
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00439992"/>		<b>Transaction ID : VN919FGRCQ6</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="7500.00"/>

**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)  
**Shaheen Victory Fund 2020**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2020

Mailing Address 366 Summer St

City West Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

FEC Identification Number

**C**  
**Transaction ID : VN8219Z9344**  
Amount of Each Disbursement this Period

493.75

Candidate Name

Category/  
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2020

Mailing Address 366 Summer St

City West Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

FEC Identification Number

**C**  
**Transaction ID : VN8219Z9AEI**  
Amount of Each Disbursement this Period

19.75

Candidate Name

Category/  
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2020

Mailing Address 366 Summer St

City West Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

FEC Identification Number

**C**  
**Transaction ID : VN8219Z9YH**  
Amount of Each Disbursement this Period

335.75

Candidate Name

Category/  
Type

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

Memo Item

State: District:

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

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

849.25

**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)  
**Shaheen Victory Fund 2020**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
West Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VN8219ZANX**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
West Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VN8219ZAZW**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
West Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VN8219ZBDc**  
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 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)  
**Shaheen Victory Fund 2020**

Full Name (Last, First, Middle Initial) <b>A. Evans &amp; Katz LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2020	
Mailing Address PO Box 75357		FEC Identification Number C [REDACTED] <b>Transaction ID : VN8219Z935Z</b> Amount of Each Disbursement this Period 507.24	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Evans &amp; Katz LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2020	
Mailing Address PO Box 75357		FEC Identification Number C [REDACTED] <b>Transaction ID : VN8219Z9S3Z</b> Amount of Each Disbursement this Period 75.00	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2020	
Mailing Address 1445 New York Ave NW FI 2		FEC Identification Number C [REDACTED] <b>Transaction ID : VN8219ZAN</b> Amount of Each Disbursement this Period 300.00	
City Washington	State DC	Zip Code 20005-2134	Category/ Type
Purpose of Disbursement Software 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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	882.24
<b>TOTAL</b> This Period (last page this line number only).....▶	2628.14

**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 checked="" 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)  
**Shaheen Victory Fund 2020**

Full Name (Last, First, Middle Initial)  
**A. NEW HAMPSHIRE DEMOCRATIC PARTY**

Mailing Address 105 N State St

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement Transfer

Candidate Name

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

State: District:

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C 000178038  
Transaction ID : VN8219ZBQR  
Amount of Each Disbursement this Period: 59110.17

Memo Item

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

Mailing Address 105 N State St

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement Transfer

Candidate Name  
**SHAHEEN, JEANNE, , ,**

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

State: NH District:

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C 000457325  
Transaction ID : VN8219ZBQS  
Amount of Each Disbursement this Period: 2411.69

Memo Item

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

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).....▶	61521.86
<b>TOTAL</b> This Period (last page this line number only).....▶	61521.86