

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

Vote Values

ADDRESS (number and street)

1787 Tribute Road, Suite K

Check if different than previously reported. (ACC)

Sacramento

CA

95815

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00742775

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on 11 / 03 / 2020 in the State of CA

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2020 through 10 / 14 / 2020

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

Deane, Shawnda, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Deane, Shawnda, , ,

[Electronically Filed]

Date

10 / 21 / 2020

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Vote Values

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6282.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67375.00"/>	<input type="text" value="172005.23"/>
(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="73657.19"/>	<input type="text" value="172005.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34017.12"/>	<input type="text" value="132365.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39640.07"/>	<input type="text" value="39640.07"/>
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="28930.78"/>	

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

Vote Values

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).....	66450.00	164600.23
(ii) Unitemized	925.00	7405.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	67375.00	172005.23
(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)	67375.00	172005.23
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)).....▶	67375.00	172005.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67375.00	172005.23

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	5002.00	28138.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5002.00	28138.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	29015.12	104226.38
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)) ..	34017.12	132365.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34017.12	132365.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	67375.00	172005.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67375.00	172005.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5002.00	28138.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5002.00	28138.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 26
	(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

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)
Vote Values

A. Bash, Alec, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Jackson Street, Apt. 2501
 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) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2020
Transaction ID : INCA300
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Benenson, Lawrence B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 E. 44th Street, 27th Floor
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benenson Capitol Partners, LLC Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40000.00

Date of Receipt 10 / 05 / 2020
Transaction ID : INCA230
 Amount of Each Receipt this Period 30000.00
 Memo Item

C. Driscoll, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 279 June Road
 City Stamford State CT Zip Code 06903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Care Centrix Occupation (for Individual) Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 03 / 2020
Transaction ID : INCA260
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36000.00
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 26
<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)
Vote Values

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Faxon, Amy, , ,			Date of Receipt MM / DD / YYYY 10 / 01 / 2020		
Mailing Address 28 Shelter Island Avenue			Transaction ID : INCA242		
City Sag Harbor	State NY	Zip Code 11963	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garwood, Alex, , ,			Date of Receipt MM / DD / YYYY 10 / 12 / 2020		
Mailing Address 16401 Englewood Avenue			Transaction ID : INCA288		
City Los Gatos	State CA	Zip Code 95032	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) MongoDB		Occupation (for Individual) Sales			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gasparini, Frank, , ,			Date of Receipt MM / DD / YYYY 10 / 14 / 2020		
Mailing Address 93 Hamilton Road			Transaction ID : INCA301		
City Irvington	State NY	Zip Code 10533	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional).....	5575.00
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 8 OF 26
<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)
Vote Values

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Grant, Adrienne, , ,			Date of Receipt MM / DD / YYYY 10 / 07 / 2020
Mailing Address 565 Moreno Avenue			Transaction ID : INCA297
City Los Angeles	State CA	Zip Code 90049	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Greenberg, Henry, , ,			Date of Receipt MM / DD / YYYY 10 / 11 / 2020
Mailing Address 43 Hawk Hill Lane			Transaction ID : INCA290
City East Chatham	State NY	Zip Code 12060	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Alex, , ,			Date of Receipt MM / DD / YYYY 10 / 07 / 2020
Mailing Address 110 Ionsborough Street			Transaction ID : INCA298
City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	11025.00
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 9 OF 26
<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)
Vote Values

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jost, Ruth, , ,			Date of Receipt MM / DD / YYYY 10 / 07 / 2020
Mailing Address 1370 Licolnshire Drive			Transaction ID : INCA256
City Harrisonburg	State VA	Zip Code 22802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Karlin, Chris, , ,			Date of Receipt MM / DD / YYYY 10 / 13 / 2020
Mailing Address 1001 NW Lovejoy Street, Unit 611			Transaction ID : INCA302
City Portland	State OR	Zip Code 97209	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kehrer, Kenneth, , ,			Date of Receipt MM / DD / YYYY 10 / 01 / 2020
Mailing Address 829 Fearington Village Center			Transaction ID : INCA245
City Pittsboro	State NC	Zip Code 27312	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

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:	PAGE 10 OF 26
	(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)
Vote Values

A. Melki, Lindsey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Kumquat Lane
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sierra Club Occupation (for Individual) Senior Campaign Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2020
Transaction ID : INCA292
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Munger, Barry A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79 Washington Place, Apt. 8R
 City New York State NY Zip Code 10011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barry Munger Photography Occupation (for Individual) Photographer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 10 / 14 / 2020
Transaction ID : INCA265
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. Peleg, Aliza, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12680 Viscaino Road
 City Los Altos State CA Zip Code 94022
 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 ▼ 600.00

Date of Receipt 10 / 11 / 2020
Transaction ID : INCA293
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 11 OF 26
<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)
Vote Values

A. Ross, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5228 Escalante Drive
 City LaCanadaFlintridge State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evolution Media Occupation (for Individual) TV Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2020
Transaction ID : INCA304
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Wallace, Mara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 Melville Avenue
 City Palo Alto State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) n/a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2020
Transaction ID : INCA246
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. West, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26525 Sierra Vista
 City Mission Viejo State CA Zip Code 92692
 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 ▼ 1100.00

Date of Receipt 10 / 04 / 2020
Transaction ID : INCA264
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	66450.00

**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)

Vote Values

Full Name (Last, First, Middle Initial)

A. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB247

Amount of Each Disbursement this Period

[REDACTED] 267.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB259

Amount of Each Disbursement this Period

[REDACTED] 213.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fees

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB257

Amount of Each Disbursement this Period

[REDACTED] 20.30

Memo Item

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

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

[REDACTED] 501.30

[REDACTED]

**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)
Vote Values

Full Name (Last, First, Middle Initial)
A. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 09 / 2020

FEC Identification Number: C

Transaction ID : EXPB299

Amount of Each Disbursement this Period: 440.60

Memo Item

Full Name (Last, First, Middle Initial)
B. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 13 / 2020

FEC Identification Number: C

Transaction ID : EXPB296

Amount of Each Disbursement this Period: 51.40

Memo Item

Full Name (Last, First, Middle Initial)
C. Anedot, Inc.

Mailing Address 10202 Perkins Rowe, Suite 2006

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: C

Transaction ID : EXPB306

Amount of Each Disbursement this Period: 109.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 601.80

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)

Vote Values

Full Name (Last, First, Middle Initial)

A. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2020

FEC Identification Number

C

Transaction ID : EXPB258

Amount of Each Disbursement this Period

2876.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Olson Remcho, LLP

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Legal Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2020

FEC Identification Number

C

Transaction ID : EXPB254

Amount of Each Disbursement this Period

977.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3853.90

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

4957.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Vote Values

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 50+1 Strategies, LLC			Nature of Debt (Purpose): Digital Consulting
Mailing Address 1 Kaiser Plaza, Suite 650			
City Oakland	State CA	Zip Code 94612	

Outstanding Balance Beginning This Period 1582.00	Transaction ID : PAYD311	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1582.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Services Center			Nature of Debt (Purpose): Online Ads
Mailing Address 200 Chastain Center, #200			
City Kennesaw	State GA	Zip Code 30144	

Outstanding Balance Beginning This Period 172.00	Transaction ID : PAYD278	
Amount Incurred This Period 0.00	Payment This Period 172.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Services Center			Nature of Debt (Purpose): Online Ads
Mailing Address 200 Chastain Center, #200			
City Kennesaw	State GA	Zip Code 30144	

Outstanding Balance Beginning This Period 2223.39	Transaction ID : PAYD157	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2223.39

1) SUBTOTALS This Period This Page (optional)..... ▶	3805.39
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Vote Values

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Services Center			Nature of Debt (Purpose): Online Ads
Mailing Address 200 Chastain Center, #200			
City Kennesaw	State GA	Zip Code 30144	

Outstanding Balance Beginning This Period 1043.80	Transaction ID : PAYD248	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1043.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Services Center			Nature of Debt (Purpose): Online Ads
Mailing Address 200 Chastain Center, #200			
City Kennesaw	State GA	Zip Code 30144	

Outstanding Balance Beginning This Period 16806.13	Transaction ID : PAYD249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16806.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Services Center			Nature of Debt (Purpose): Online Ads
Mailing Address 200 Chastain Center, #200			
City Kennesaw	State GA	Zip Code 30144	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD271	
Amount Incurred This Period 6275.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 6275.46

1) SUBTOTALS This Period This Page (optional)..... ▶	24125.39
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Vote Values

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IMPACTSuperPAC			Nature of Debt (Purpose): Video Production
Mailing Address 777 S. Figueroa Street, Suite 4050			
City Los Angeles	State CA	Zip Code 90017	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : PAYD189	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lee, Christine, , ,			Nature of Debt (Purpose): Digital Engagement Consultant
Mailing Address 3429 Brooke Edge Lane			
City Collierville	State TN	Zip Code 38017	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : PAYD272	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Principles, LLC			Nature of Debt (Purpose): Communications Consulting
Mailing Address 13131 Rose Petal Circle			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 3200.00	Transaction ID : PAYD268	
Amount Incurred This Period 0.00	Payment This Period 3200.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Vote Values

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zafft, Eleanor, , ,			Nature of Debt (Purpose): Campaign Management
Mailing Address 204 Gay Avenue			
City Clayton	State MO	Zip Code 63105	

Outstanding Balance Beginning This Period 2000.00		Transaction ID : PAYD312	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00	

B. 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	

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) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	28930.78
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	28930.78

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

NAME OF COMMITTEE (In Full) Vote Values	FEC IDENTIFICATION NUMBER ▼ C C00742775
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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 Berger Hirschberg Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1010 Vermont Avenue NW, Suite 814		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Strategic Consulting	Category/Type <input type="text"/>	Transaction ID : EDTEALC21 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Biden, Joe, , ,	<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"/>	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 Berger Hirschberg Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1010 Vermont Avenue NW, Suite 814		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Strategic Consulting	Category/Type <input type="text"/>	Transaction ID : EDTEALC24 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, , ,	<input type="checkbox"/> Support <input checked="" 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"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

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

Deane, Shawnda, , ,

[Electronically Filed]

Date / /

Signature

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

NAME OF COMMITTEE (In Full) Vote Values	FEC IDENTIFICATION NUMBER ▼ C C00742775
---	--

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

Full Name of Payee <input type="checkbox"/> Memo Item Card Services Center	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 200 Chastain Center, #200	Amount <input type="text"/> 86.00 Transaction ID : PDTE48 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Kennesaw State GA Zip Code 30144	
Purpose of Expenditure Online Ads Category/Type <input type="text"/> 24E	
Name of Federal Candidate: Biden, Joe, , , <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"/> 133157.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Card Services Center	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 200 Chastain Center, #200	Amount <input type="text"/> 86.00 Transaction ID : PDTE49 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Kennesaw State GA Zip Code 30144	
Purpose of Expenditure Online Ads Category/Type <input type="text"/> 24A	
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" 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"/> 133157.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 172.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL 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.

Deane, Shawnda, , ,

[Electronically Filed]

Date / /

Signature

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

NAME OF COMMITTEE (In Full) Vote Values	FEC IDENTIFICATION NUMBER ▼ C C00742775
---	---

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

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Card Services Center		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 200 Chastain Center, #200		Amount <input type="text"/>	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : PDTE35
Purpose of Expenditure Online Ads		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Biden, Joe, , ,		<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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Card Services Center		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 200 Chastain Center, #200		Amount <input type="text"/>	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : PDTE40
Purpose of Expenditure Online Ads		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Deane, Shawnda, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Vote Values
FEC IDENTIFICATION NUMBER
C C00742775

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

Full Name of Payee Lee, Christine, ,
Mailing Address 3429 Brooke Edge Lane
City Collierville State TN Zip Code 38017
Purpose of Expenditure Digital Engagement Consulting
Category/Type 24A
Date of Public Distribution/Dissemination 09/16/2020
Amount 1000.00
Transaction ID : PDTE44
Date of Disbursement or Obligation 10/06/2020

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 133157.16

Full Name of Payee Lee, Christine, ,
Mailing Address 3429 Brooke Edge Lane
City Collierville State TN Zip Code 38017
Purpose of Expenditure Digital Engagement Consulting
Category/Type 24E
Date of Public Distribution/Dissemination 09/16/2020
Amount 1000.00
Transaction ID : PDTE45
Date of Disbursement or Obligation 10/06/2020

Name of Federal Candidate: Biden, Joe, ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 133157.16

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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.

Deane, Shawnda, ,

[Electronically Filed]

Date

10/21/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Vote Values
FEC IDENTIFICATION NUMBER
C C00742775

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

Full Name of Payee Strategic Principles, LLC
Mailing Address 13131 Rose Petal Circle
City Herndon State VA Zip Code 20171
Purpose of Expenditure Communications Consulting
Category/Type 24E
Date of Public Distribution/Dissemination 09/30/2020
Amount 1600.00
Transaction ID : PDTE30
Date of Disbursement or Obligation 10/09/2020

Name of Federal Candidate: Biden, Joe, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee Strategic Principles, LLC
Mailing Address 13131 Rose Petal Circle
City Herndon State VA Zip Code 20171
Purpose of Expenditure Communications Consulting
Category/Type 24A
Date of Public Distribution/Dissemination 09/30/2020
Amount 1600.00
Transaction ID : PDTE43
Date of Disbursement or Obligation 10/09/2020

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3200.00
(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.

Deane, Shawnda, ,

[Electronically Filed]

Date 10/21/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Vote Values
FEC IDENTIFICATION NUMBER
C C00742775

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

Full Name of Payee Strategic Principles, LLC
Mailing Address 13131 Rose Petal Circle
City Herndon State VA Zip Code 20171
Purpose of Expenditure Communications Consulting
Category/Type 24E
Date of Public Distribution/Dissemination 10/14/2020
Amount 3400.00
Transaction ID: EDTEALC20
Date of Disbursement or Obligation 10/09/2020

Name of Federal Candidate: Biden, Joe, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee Strategic Principles, LLC
Mailing Address 13131 Rose Petal Circle
City Herndon State VA Zip Code 20171
Purpose of Expenditure Communications Consulting
Category/Type 24A
Date of Public Distribution/Dissemination 10/14/2020
Amount 3400.00
Transaction ID: EDTEALC28
Date of Disbursement or Obligation 10/09/2020

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6800.00
(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.

Deane, Shawnda, ,

[Electronically Filed]

Date 10/21/2020

Signature

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

NAME OF COMMITTEE (In Full) Vote Values	FEC IDENTIFICATION NUMBER ▼ C C00742775
---	--

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

Full Name of Payee <input type="checkbox"/> Memo Item Tectonic Video, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 555 William Street	Amount <input type="text"/> 500.00 Transaction ID : EDTEALC19 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Rover Forest State IL Zip Code 60305	
Purpose of Expenditure Video Editing Category/Type <input type="text"/> 24E	
Name of Federal Candidate: Biden, Joe, , , <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"/> 133157.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Tectonic Video, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 555 William Street	Amount <input type="text"/> 500.00 Transaction ID : EDTEALC29 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Rover Forest State IL Zip Code 60305	
Purpose of Expenditure Video Editing Category/Type <input type="text"/> 24A	
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" 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"/> 133157.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL 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.

Deane, Shawnda, , ,

[Electronically Filed]

Date / /

Signature

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

NAME OF COMMITTEE (In Full) Vote Values	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00742775 </div>
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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 Zafft, Eleanor, , ,	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2020 </div>			
Mailing Address 204 Gay Avenue	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1000.00 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Clayton</td> <td style="width:17%;">State MO</td> <td style="width:50%;">Zip Code 63105</td> </tr> </table>		City Clayton	State MO	Zip Code 63105
City Clayton		State MO	Zip Code 63105	
Purpose of Expenditure Campaign Management				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 133157.16 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Zafft, Eleanor, , ,	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2020 </div>			
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City Clayton		State MO	Zip Code 63105	
Purpose of Expenditure Campaign Management				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Biden, Joe, , ,	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 133157.16 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 29015.12 </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.

Signature Deane, Shawnda, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2020