NONO : 10 : NO : OM : COMINO449

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 OCT 22 PM 3: 36

1.	NAME COMM	OF ITTEE (in full)	TYPE OR	PRINT ▼		mple: If typin the lines.	g, type	12FE4M:		
U	nited l	Medical Freedo	m Super l	PAC, LLC						
					1111					
								1_1_1_1_		
AD	DRESS	(number and street)	166 I	ogwood S	prings DR	<u> </u>				لسسا
7	, Tici	heck if different				1111				
L		an previously ported. (ACC)	Portla	nd		1111	ا, لب	TN	37148	J-[59 <u>12</u>]
2.	FEC I	DENTIFICATION I	NUMBER 🔻		CITY 🛦 -	. 125 P	s	TATE A	ZIP (CODE A
	C	00753319			3. IS THIS -		ÉW (☐ (A)	ENDED	
4.		OF REPORT	(b) Mor Rep	nthly in the	Feb 20 (M2)	- N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	` (a) Q	uarterly Reports:	Due	e On:	Mar 20 (M3)		un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election
	(4)				Apr 20 (M4)	П	ul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
	Ц	April 15 Quarterly Report	(Q1) (c)	12-Day	П	Primary (12P	,	General (12G) \square	Runoff (12R)
		July 15 Quarterly Report		PRE-Election						
	X	October 15 Quarterly Report	(Q3)	Report for the	ie. Li	Convention (120)	Special (125)	
		January 31 Year-End Report		id E	lection on	Man 13	, ,		. in th Stat	a .
		July 31 Mid-Year Report (Non-elect Year Only) (MY)		30-Day POST-Electi		General (300	5):	_Runoff (3	0R).	Special (30S)
		Termination Repo (TER)	ort ,	Report for the	lection on	MT	· · · · · · · · · · · · · · · · · · ·	Y	in th Stat	
5.	Coveri	ng Period 0	6 05		o Y	through	09	30	2020	
l c	ertify tha	t I have examined				wledge and b	elief it is true	e, correct and	complete.	
Тур	oe or Pr	int Name of Treasu	rer <u>Ty N</u>	1. Bollinge	// o	·				
Sig	gnature d	of Treasurer	A	Dol	ljen	J	Da	ate 10	15	2020
NC	TE: Sub	mission of false, erro	oneous, or inc	complete infor	mation may su	bject the pers	son signing thi	s Report to th	e penalties of	52 U.S.C. § 30109
	1	Office Use	,		•					ORM 3X

SUMMARY PAGE FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name United Medical Freedom Super PAC, LLC Report Covering the Period: From: ·To: . COLUMN A **COLUMN B** ... This Period Calendar Year-to-Date (a) Cash on Hand \$0 January 1, (b) Cash on Hand at Beginning of Reporting Period...... \$24,846.99 (c) Total Receipts (from Line 19) Subtotal (add Lines 6(b) and \$24,846.99 6(a) and 6(c) for Column B)..... \$5,367.86 Total Disbursements (from Line 31)..... Cash on Hand at Close of 1 (To) Reporting Period \$19,479.13 \$19,479.13 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) OF POSSIBLE STREAM STREET DOG This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

United Medical Freedom Super PAC, LLC

้ อื่อ 09 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts Calendar Year-to-Date **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees \$12,955.00 (i) Itemized (use Schedule A)..... \$11,891.99 (ii) Unitemized (iii) TOTAL (add \$24.846.99 Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry \$24,846.99 \$24,846.99 Totals to Line 33, page 5)..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), \$24,846.99 12, 13, 14, 15, 16, 17, and 18(c))......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) \$24,846.99 \$24,846.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	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)		Caleridal Tear-to-Date
	(i) Federal Share		
	()		
	(ii) Non-Federal Share	असेक विभाग विभाग विभाग है। है ।	
•	(b) Other Federal Operating		
	Expenditures	\$5,367.86	\$5,367.86
	(c) Total Operating Expenditures		
		¢5 267 96	\$5,367.86
	(add 21(a)(i), (a)(ii), and (b))	\$5,367.86	1 7 7 1 7 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to		
	Federal Candidates/Committees		
	and Other Political Committees		
24.	Independent Expenditures		
25	(use Schedule E) Coordinated Party Expenditures		
25.	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(use Schedule F)		
26.	Loan Repayments Made		
•			
27.	Loans Made		
28.	Refunds of Contributions To:		
•	(a) Individuals/Persons Other Than Political Committees	And the second second	
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds	The state of the s	Considerated and Consid
	(add Lines 28(a), (b), and (c))		
29.	Other Disbursements (Including		
	Non-Federal Donations)		
	•		
30.	Federal Election Activity (52 U.S.C. § 30101(2	0))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		parameter for the transfer of the first continues and the continues of the
	(i) Federal Share		
	(`		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	داره ماره ماره ماره ماره ماره ماره ماره م		
			· ·
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	\$5,367.86	\$5,367.86
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	por service of the se	
	from Line 31)	\$5,367.86	\$5,367.86

DETAILED SUMMARY PAGE of Disbursements

FEÇ 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)	\$24,846.99	\$24,846.99
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$24,846,00	\$24,846.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	\$5,367.86	\$5,367.86
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	¢5 267 96	\$5,367.86

SC	CHEDULE A (FEC Form 3X)		,	FOR	LINE	NU	MBEF	: PA	GE		
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(chec	-	y on	e)				
• • •			Detailed Summary Page	<i>i</i> ⊢	11a	Н	11b	∐11c	L	12	
Γ					13	Ш	14	15		16	17
	y information copied from such Reports and State for commercial purposes, other than using the										
┢─	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,								
$ \rangle$	United Medical Freedom Supe	er PAC,	LLC								
Α.	Full Name of Individual (Last, First, Middle Initia Group, Edward	al) or Full C	Organization Name	Da	ate of	Re	ceipt				
	Mailing Address 2040 North Loop West, STE 234						2	9 ′	20	20°	
	City Houston	State TX	Zip Code 77018	Ar	nouni	t of	Each	Receipt	this I	Period	
	FEC ID number of contributing federal political committee.	C					T.	4 4			
			cupation (for Individual)	┤ [М	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼	┪							
	Primary		\$4,276.00]		•					
— В.	Full Name of Individual (Last, First, Middle Initi Washkewicz, Don	al) or Full C	Organization Name	D	ate o	f Re	ceipt	<u></u>	_		-
	Mailing Address 7400 Rollingbrook Trail				07]	°	6 ′	20)20)	
	^{City} Solon	State O	H Zip Code 44139	A	moun	t of	Each	Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С		[
	Name of Employer (for Individual) self-employed	Occ	cupation (for Individual)	֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֓֓֓֓֞֞֞֓֓֓֓֞֟֟֓֓֓֓֓֓֟֝֓֓֓֟֝֟	М	lemo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary X General Other (specify) ▼		\$2,001.00								
c.	Full Name of Individual (Last, First, Middle Initi Hewlett, John	ial) or Full (Organization Name	_ D	ate o	f Re	eceipt				
	Mailing Address PO BOX 399				07]	1	ງ [®] ′	20	20	
	Kamas	State UT	Zip Code 84036	A	moun	t of	Each	Receipt	this	Perioc	j
	FEC ID number of contributing , federal political committee.	С									
	self employed		cupation (for Individual) self employed		Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	• Year-to-Date ▼ \$1,776.00]							
	SUBTOTAL of Receipts This Page (optional)	·				-			-+	-	
1	TOTAL This Period (last page this line number of	only)		. [

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	address of any pointical committee	to solicit contributions from such committee.
United Medical Freedom Super PAC	· 11¢	
<u> </u>		
Full Name of Individual (Last, First, Middle Initial) or Full Lemmons, Angie	Organization Name	Date of Receipt
Mailing Address 519 Cordillera Trace		07 04 2020
City Boerne State	Zip Code 78006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
retired	Occupation (for Individual)	Memo Item
Receipt For: Primary X General Other (specify) ▼	ate Year-tò-Date ▼ \$1,000.00	
Full Name of Individual (Last, First, Middle Initial) or Ful E. Andrade, Sherri	l Organization Name	Date of Receipt
Mailing Address 25272 Rockridge Rd		07 28 2020
Laguna Hills	Zip Code 92653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual) N/A	Occupation (for Individual) home-maker	Memo Item
Receipt For: Primary	ate Year-to-Date ▼ \$750,00	
Full Name of Individual (Last, First, Middle Initial) or Fu F. Bissell, John	l Organization Name	Date of Receipt
Mailing Address 1101 Lin Dale Drive	<u> </u>	07 04 2020
Traverse City State MI	Zip Code 49686-9211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
self-employed	Occupation (for Individual)	Memo Item
Primary X General Other (specify)	ate Year-to-Date ▼ \$500.00	
SUBTOTAL of Receipts This Page (optional)	•	
TOTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)	. :		FOR LINE NUMBER: PAGE OF
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
• • •	-WIZED RECEIF 13		Detailed Summary Page	11a 11b 11c 12
_				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
٣	NAME OF COMMITTEE (In Full)	name and a	iodress of any political committee	to solicit contributions from such committee.
$ \rangle$		DAG	110	
Z	United Medical Freedom Supe	er PAC,		
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	organization Name	
G.				Date of Receipt
	Mailing Address 23090 State Hwy 18	,	•	08 17 2020
	City	State	Zip Code	
	Finlayson	MN	55735	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer (for Individual)		· · · · · · · · · · · · · · · · · · ·	Memo Item
	self-employed	Occ	cupation (for Individual)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary X General		\$500.00	
	Other (specify) ▼	L	φουυ.υυ - 77 - 1 - 10 - 10 - 10 - 10 - 10 - 10 -	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Proprietion Name	
Н.	Peterson, Daryl	ai) or ruii C	nganization Name	Date of Receipt
	Mailing Address	· .		
	11200 S Menzies Rd			07 05 2020
	City	State	Zip Code	
	McBain	<u> MI</u>	49657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	·			
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	self-employed Receipt For:			⊣
	Primary X General	Aggregate	Year-to-Date ▼	.
	Other (specify) ▼		A \$500.00	·
_				
	Full Name of Individual (Last, First, Middle Initial	al) or Full (Organization Name	
I.	Winnestaffer, Gregg Mailing Address			Date of Receipt
	3703 Columbus Ave			07 09 2020
	City	State	Zip Code	
	Sandusky	OH	44870 ′	Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.			
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Sandusky Wellness Center		Chiropractor	_
	Receipt For: Primary X General	Aggregate	Year-to-Date ▼	_ 1
	Other (specify)		\$500.00	
				4
Γ				
{	SUBTOTAL of Receipts This Page (optional)	······································		
Γ	TOTAL This Desired floor and the first and t	-1.4		
1	FOTAL This Period (last page this line number of	ліу)		

1.6

ITEMIZED RECEIPTS	Y	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information period from such Departs on	d Chatamanta ma	<u> </u>	13 14 15 16 17
or for commercial purposes, other than using	the name and a	ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
United Medical Freedom S	uper PAC,	LLC	
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	T
J. Wondrous Roots, Inc. Mailing Address			Date of Receipt
103 Roxbury Street, Suite 3			10 / 07 / 2020 * .
City Keene	State NH	Zip Code 03431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C ;		
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ \$400.00	
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name	
K. Franco, Dennell Mailing Address 5282 Bridgewood Drive			Date of Receipt / 2020
La Palma	State CA	Zip Code 90623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Greenwood Heating & Air		cupation (for Individual) ner of Greenwood Heating & A	ir Memo Item
Receipt For: Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ \$400.00	
Full Name of Individual (Last, First, Middle L. Vogelman, Nancy	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4909 Red Fox Drive			10 10 2020
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) retired	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary X General Other (specify)	Aggregate	Year-to-Date ▼ \$352.00	A contract of the contract of
SUBTOTAL of Receipts This Page (optional	1)		
TOTAL This Period (last page this line num	ber only)	•	\$12,955.00

_
Ž
Ž
Ó
7
Ö
è.
É
,9 ₄ 47
Q
Þ
0
Q
Õ
4
5
Q

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)						
	Detailed Summary Page	21b 22 23 26 27 20b						
[A. 1/2		28a 28b 28c 29 30b						
		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	the data of any position							
1 7	United Medical Freedom Super PAC, LLC							
		/						
Full Name (Last, First, Middle Initial)		2.1						
A. Baker Donelson Bearman Caldwe	ell & Berkowitz, P.C.	Date of Disbursement						
Mailing Address		08 ' 12° ' 2020 ' '						
3414 Peachtree Road, N.E.		المنتقب التما						
City	State Zip Code	FEC Identification Number						
Atlanta	GA 30326							
Purpose of Disbursement		001 C						
legal services Candidate Name		001						
		Category/ Amount of Each Disbursement this Perio						
Office Sought: House Disburser		\$2,596.87						
Senate	Primary General							
President	Other (specify) ▼	Memo Item						
State: District:	· <u>-</u>							
Full Name (Last, First, Middle Initial) B.	•	Date of Disbursement						
Baker Donelson Bearman Caldwe	ell & Berkowitz, P.C.	Rem / Kan / Viving						
Mailing Address	 	09 14 2020						
3414 Peachtree Road, N.E.		Total Control of Contr						
City Atlanta	State Zip Code 30326	FEC Identification Number						
Purpose of Disbursement	GA 30326							
legal services		001						
Candidate Name	L	Category/ Amount of Each Disbursement this Perio						
		Type						
Office Sought: House Disburser Senate		\$2,472.00						
President	Primary General Other (specify)							
State: District:	Caller (openity)	Memo Item						
Full Name (Last, First, Middle Initial)								
C.	•	Date of Disbursement						
	·	MARI DED VATATAL						
Mailing Address								
City	State Zip Code							
,		FEC Identification Number						
Purpose of Disbursement	i I r	C \$298.99						
MISC FEES		001						
Candidate Name		Category/ Type Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	турс						
Senate	Primary General							
President	Other (specify) ▼	Memo Item						
State: District:	· · · · · · · · · · · · · · · · · · ·							
SUBTOTAL of Disbursements This Page (optional)								
TOTAL This Period (last page this line number only	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$5,367.86						
TOTAL THIS FERIOU (last page this line number only	<i>}-</i>							

DANS	<i>-</i> 0,7,1		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	· ·		Dotained Gairmary 1 ago	FOR LINE 13 OF FORM 3X
LOAN SOURCE Full Name (Las	t. First, Midd	dle Initial)	☐ Memo Item El	ection:
				Primary General
Mailing Address				Other (specify) ▼
City		State ZIP Co	de _	
Original Amount of Loan		Cumulative Payment To	Date Balance	Outstanding at Close of This Pe
Date Incurred Date Incurred List/All Endorsers or Guarantor List All Name (Last, First, Middle	ASSESSMENT COMMUNICATIONS	Date Due	Interest Rate	Secured: % (apr) Yes
Mailing Address			Occupation	
	·		Оссираноп	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	Initial)		Name of Employer	·
Mailing Address	·		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page	(optional)		·····	
OTALS This Period (last page in the	nis line only)		

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

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM	LENDING INSTITUTION	Supplementary for Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463	· 	Tago or concaute o
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Establishe	ed Nam / Dan / And
City State Zip Code	Date Due	Maria / Dad / Askarak
A. Has loan been restructured? No Yes	If yes, date originally incur	red / P / V V V V V V V V V V V V V V V V V
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guarantors	curred? s must be reported on Schedule (D.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or one of the property in the property in the property is not property. No	s of deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security
E. Are any future contributions or future receipts of it collateral for the loan? No Yes If yes	nterest income, pledged as es, specify:	what is the estimated value?
A depository account must be established pursual to 11 CFR 100.82(e)(2) and 100.142(e)(2).	nt Location of account:	
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this G. COMMITTEE TREASURER Typed Name		
Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTIO To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowe This institution is aware of the requirement to complied with the requirements set forth at	ne terms of the loan and other info s (including interest rate) no more ors of comparable credit worthiness that a loan must be made on a ba	s. asis which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	

EBTS AND OBLIGATIONS cluding Loans			sch fo	separate edule(s) r each ered line)	FOR LINE NUME (check only one)	OF BER: 9 10
AME OF COMMITTEE (In Full)				<u> </u>		1 110
A. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor			Nature of D	ebt (Purpose):	
Mailing Address			· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code			•	
Outstanding Balance Beginning This Period						
Amount Incurred This Period		ment This Period		Outstandii	ng Balance at Clos	
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor			Nature of D	ebt (Purpose):	
Mailing Address					•	
City	State	Zip Code			_	
Outstanding Balance Beginning This Period Amount Incurred This Period	Pay	ment This Period			ng Balance at Clos	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		-	Nature of D	ebt (Purpose):	
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This /Period Amount Incurred This Period	Pay	ment This Period	·	Outstandi	ng Balance at Clos	e of This Peric
) SUBTOTALS This Period This Page (optional).		······································	., ▶			
TOTALS This Period (last page this line numb	er only)		>			
) TOTAL OUTSTANDING LOANS from Schedule	e C (last page o	nly)	>			
ADD 2) and 3) and carry forward to appropriat	te line of Summa	rv Page (last page o	nlv) 🕨			

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ United Medical Freedom Super PAC, LLC Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee ■ Memo Item Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate: Office Sought: House District: Support Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee ■ Memo Item Mailing Address **Amount** City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate: Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert

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.

Date	MAM	,	D V D	1	Y U Y U Y U Y
------	-----	---	-------	---	---------------

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)	2	
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure Category/
Mailing Address		Type Date
City State	Zip Code	
Name of Federal Candidate Supported Office Sough	nt: House State: District: Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure Category/
Mailing Address		Date Type
City State	Zip Code	M = M / D = D / Y = Y = Y
Name of Federal Candidate Supported Office Sough	tt: House State: Senate District:	Amount
Aggregate General Election Expenditure for this Candidate ▶		,
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure Category/
Mailing Address		Type Date
City	Zip Code	M M / DAU / VAYAVA
Name of Federal Candidate Supported Office Sough	ht: House State: District: Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶		
SUBTOTAL of Expenditures This Page (optional)	•	
TOTAL This Period (last page this line number only)	•	

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

	LICE ONLY ONE CECTION A D
	USE ONLY ONE SECTION, A or B
A. State	and Local Party Committees
Fixe	d Percentage (select one)
	Presidential-Only Election Year (28% Federal)
	Presidential and Senate Election Year (36% Federal)
	Senate-Only Election Year (21% Federal)
	Non-Presidential and Non-Senate Election Year (15% Federal)
D O	
_	rate Segregated Funds and Nonconnected Committees
_	
_	ate ratio below
Indic	Federal%

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL % ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL %** ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER NONFEDERAL % FEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS:

Same as Previously Reported

Revised

New

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
EOD LINE	10- 00	FORM	27

	FOR LINE 188 OF FORIVI 3X
AME OF COMMITTEE (In Full)	•
T	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Landard Landard Landard	
BREAKDOWN OF TRANSFER RECEIVED	<u> </u>
i) Total Administrative	
ii) Generic Voter Drive	
IIi) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
birect Fundraising (List Activity of Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Fundraising	
u) Divert Condidate Comment (Liet Activity or Event Identifies)	
v) Direct Candidate Support (List Activity or Event Identifier)	
The state of the s	
a)	
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	'ED
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
grand gr	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Devied (Direct Condidate Connect)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

2020 - 10 - 26 - 08 - 00 M50467

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	С	F		
FOR LINE	21a	OF	FORM	3>

	•		•			FOR LINE 21a OF FORM 3X
N	AME OF COMMITTEE (In Full)					
— A.	Full Name (Last, First, Middle Initial)	 	.' .		☐ Memo Item	Allocated Activity or Event:
			• .			Administrative Fundraising Exempt
	Mailing Address		, '			Voter Drive Direct Candidate Support
	City	State	٠.	Zip Code	· ·	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			<u> </u>		Allocated Activity or Event Year-To-Date
	r dipose of Disbursement.	·				
	Activity or Event Identifier:		٠.		Cotogony	
			<u>.</u>	i	Category/ Type	Date
	FEDERAL SHARE	+	N(ONFEDERAL	_ SHARE	= TOTAL AMOUNT
					1 2 2	
<u>—</u> В.	Full Name (Last, First, Middle Initial)			<u></u>	☐ Memo Item	Allocated Activity or Event:
	Markey Address			 		Administrative Fundraising Exempt
•	Mailing Address		•	. •		Voter Drive Direct Candidate Support
	City	State		Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			.l	***************************************	Allocated Activity or Event Year-To-Date
	Ask the self-self-self-self-self-self-self-self-			- :		
	Activity or Event Identifier:	• • •	٠.	•	Category/ Type	Date Date
	FEDERAL SHARE	+	N	ONFEDERA	L SHARE	= TOTAL AMOUNT
					. A 43E 4	
Ċ.	Full Name (Last, First, Middle Initial)		1 .		☐ Memo Item	Allocated Activity or Event:
	Mailing Address		•			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	,	Zip Code	<u> </u>	Public Comm (ref to party only) by PAC
				Zip Godo .	· ·	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:					
	Activity or Event Identifier:					
			•		Category/ Type	Date Date
	FEDERAL SHARE	+		ONFEDERA	L SHARE	= TOTAL AMOUNT
s	UBTOTAL of Allocated Federal and NonFeder	al Activity T	his Pa	ige	2.5	
	FEDERAL SHARE	+	N(ONFEDERAL	SHARE	= TOTAL AMOUNT
Ţ	OTAL This Period (last page for each line only	/)(Federal s				
	FEDERAL SHARE	1 -	N(ONFEDERAI		TOTAL AMOUNT
	N					

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

	al Party Committees Only)	FOR LINE 18b OF FORM
E OF COMMITTEE (In Full)		
AME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	Haw / Dan / Anan	
REAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOIER	REGISTRATION
Total Amount Transferred for Vote	er Registration	
ii) Voter ID		VOTER ID
Total Amount Transferred for Vot	er ID	
	Officers a residence of sections	GOTV
iii) GOTV Total Amount Transferred for GO	ntv.	
Total Amount Transfer to the		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Ger	neric Campaign Activity	
AME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
AWE OF ACCOUNT	DATE OF RECEIPT	TOTAL ANIOUNI TRANSPERRED
	<u> </u>	
REAKDOWN OF THIS TRANSFER	VOTER	REGISTRATION
i) Voter Registration	, , , , , , , , , , , , , , , , , , ,	
Total Amount Transferred for Vot	ter Hegistration	Section 1
ii) Voter ID		VOTER ID
Total Amount Transferred for Vot	ter ID	- 57 marsh and the same of the
ili) GOTV	<u> </u>	GOTV
Total Amount Transferred for GO	ντν	
	Here	GENERIC CAMPAIGN ACTIVITY
lv) Generic Campaign Activity Total Amount Transferred for Ge	neric Campaign Activity	
Total Amount Transferred for Ger	nenc Campaign Activity	
TOTAL S FOR F	BREAKDOWN OF TRANSFER RECE	EIVED (Last Page Only)
TOTALS FOR L	DREAKDOWN OF TRANSFER RECE	LIVED (Last Page Only)
TOTAL This Period (Voter Registration)		
TOTAL THIS FERIOU (VOICE REGISTRATION).		
TOTAL This Period (Voter ID)		,
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	. F	
TOTAL This Period (GOTV)		
TOTAL This Period (GOTV)		and the said market the said to complete said to a said or said the said to said the said to said the said to
TOTAL This Period (GOTV) TOTAL This Period (Generic Campaign	lander de la companya	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF		
OR LINE	30a	OF	FORM	зх

VAN	ME OF COMMITTEE (In Full)				
••	(,		•		
		• •			<u> </u>
	A. Full Name (Last, First, Middle Initial)	/ Full Org	anization Name	☐ Memo Item	Type of Allocated Activity or Event:
	•			•	Voter Registration GOTV
-			Angert Street		Voter ID Generic Campaign
ŀ	Mailing Address	·	·		Allocated Activity or Event Year-To-Date
1	Walling Addicas		• :	• .	
ſ	City	State	Zip Code		
-			<u>- </u>		MANY / DAD / VAVAAAA
ĺ	Purpose of Disbursement	•	.	Category/ Type	Date
ŀ	FEDERAL SHARE	-	LEVIN SI	- 1 	= TOTAL AMOUNT
l	TEDETIAL OFFICE		LEVII O		- TOTAL AMOUNT
ľ	B. Full Name (Last, First, Middle Initial) / Full Ord	anization Name	☐ Memo Item	Type of Allocated Activity or Event:
	•		•	· ·	Voter Registration GOTV
		;			Voter ID Generic Campaign
.	No in Addison	· · · · ·	<u> </u>		Allocated Activity or Event Year-To-Date
١	Mailing Address				
Ì	City	State	Zip Code		
					FREME / COO / FYEVEVEVE
	Purpose of Disbursement			Category/	Date
ŀ				Туре	
l	FEDERAL SHARE	+	LEVIN SI	HAHL	TOTAL AMOUNT
			<u> </u>	2	
	C. Full Name (Last, First, Middle Initial) / Full Org	ganization Name	☐ Memo Item	Type of Allocated Activity or Event:
					Voter Registration GOTV
					Voter ID Generic Campaign
ŀ	Mailing Address				Allocated Activity or Event Year-To-Date
	Mailing Address	·	·		
•	City	State	Zip Code		
		<u> </u>)		Mani / Lead / Andadadadi
	Purpose of Disbursement			Category/ Type	Date
ŀ	FEDERAL SHARE	+	LEVIN S		= TOTAL AMOUNT
		-			
- {				D-A-8-50-A	
SII	IRTOTAL of Shared Enderal and Levin	Activity Th	is Page		
3 u	JBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity in	LEVIN S	HARE	TOTAL AMOUNT
	TEDETIAL OFFICE		LL VII V		
			<u> </u>	2	
то	TAL This Period (last page for each lin	e only)(Fe	deral share to 30(a)(i) a	nd Levin share to	•
	FEDERAL SHARE				TOTAL AMOUNT
			LEVIN S	HARE	
T	TAL This Davind for the Levin Chara	and the same of th		4 · A · A · A · A	
	OTAL This Period for the Levin Share				FEC Cabadala No (Farm ON) Day OF 10000

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME	OF COMMITTEE (In Full)		
NAME	OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
2.	(c) Total OTHER RECEIPTS		
3.\	TOTAL RECEIPTS		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From Line 6)		
11	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the PAGE FOR LINE NUMBER:

·	Agg	regation Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sol ame and address of an	d or used by any pers y political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•		
<u> </u>	<u> </u>	<u> </u>	
Full Name of Individual (Last, First, Middle Initia	I) or Full Organization N	lame 🔲 Memo Item	Date of Receipt
.			
Mailing Address		·	
Walling Address			
City .	State	Zip Code	Amount of Each Receipt this Period
City .	State	Zip Code	
Name of Employer (for Individual)			
Traine of Employer, flor marriadaly	•		Aggregate Year-to-Date
Occupation (for Individual)		•	
Occupation, (ior individual)	•		
F. II Name of health and the sea Pines Addulla heat	N as C. II Ossasiastica A		
Full Name of Individual (Last, First, Middle Initia 3.	i) or Full Organization i	Name Memo Item	Date of Receipt
) ,			HAN / DAD / LAAAAAA
Mailing Address			
Walling Addiess			
City	State	Jin Code	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer (for Individual)	<u> </u>		<u> </u>
Name of Employer (for individual)			Aggregate Year-to-Date
Occupation (for Individual)		· · ·	Aggregate real-to-bate
Occupation (for individual)			
	D 5 1 5		
Full Name of Individual (Last, First, Middle Initia	ii) or Full Organization I	Name 🔲 Memo Item	Date of Receipt
ુ.			HER / DED / VEZAGA
Mailing Address			
Walling Address			
City	State	Zip Code	Amount of Each Receipt this Period
Oity	State	Zip Code	
Name of Employer (for Individual)			
warie of Employer (for moreodal)			Aggregate Year-to-Date
Occupation (for Individual)			- Aggregate roat to bate
Full Manner of Individual /I and Pinck Middle Indi-	I) or Full Organization I	Managar Managar Managar	
Full Name of Individual (Last, First, Middle Initial).	ii) or Fuii Organization i	vame Li Memo item	Date of Receipt
J .			GAN / DAD / ARAAAAA
Mailing Address			
Maining Address			
City	State	Zip Code	Amount of Each Receipt this Period
Oity	Giale	Zip Code	
Name of Employer (for Individual)			
Tame or Employer (for moreladar)	•		Aggregate Year-to-Date
Occupation (for Individual)			Aggregate rear to bate
Occupation (for individual)	. •	•	
	<u> </u>	· · ·	
	•		
SUBTOTAL of Receipts This Page (optional)	·		
			
TOTAL This Period (last page this line number o	nly)		
·		_	

2020 0
7
Ö
3
6
O
77
0
Q
2
5
ñ
7, 7
4
J.
2
e an

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER	: LPAG	E	0)F
(check only one)	4a 4b	П	4c 4d	<u></u> 5

OF LEVIN FUNDS		Aggregation Page		4a 4c 15	
ny information copied f r for commercial purpos	rom such Reports and States, other than using the n	tements may i	not be sold or ress of any po	used by any perso ditical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITT	EE (In Full)				
Full Name (Last, First	, Middle Initial) / Full Orga	nization Name	•	☐ Memo Item	Date of Disbursement
Mailing Address					
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disburser	nent			- -	<u> </u>
Full Name (Last, Firs	t, Middle Initial) / Full Orga	nization Name	•	☐ Memo Item	Date of Disbursement
Mailing Address		`			
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disburser	nent		-		
Full Name (Last, Firs	t, Middle Initial) / Full Orga	inization Name	e	☐ Memo Item	Date of Disbursement
Mailing Address					
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disburser	ment			· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, Firs	t, Middle Initial) / Full Orga	anization Name	e	☐ Memo Item	Date of Disbursement
Mailing Address			• • •		
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disburse	nent	·•···			
Full Name (Last, Firs	t, Middle Initial) / Full Orga	anization Nam	e	☐ Memo Item	Date of Disbursement
Mailing Address				·	A D D D D D D D D D D D D D D D D D D D
City		State	Zip Code	 -	Amount of Each Disbursement this Period
Purpose of Disburse	ment	<u></u>			
SUBTOTAL of Disburs	ements This Page (optiona	l)		<u> </u>	

2020 OCT 22 PM 3

GG. G\$





SOLD I TO I NO I ON I OOMBOANN

John 15 STON

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
SPM	10/23/20 DATE PREPARED
(3/2015)	DATETALD