

# 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**

NO LABELS ACTION, INC.

ADDRESS (number and street) PO BOX 66156

Check if different than previously reported. (ACC) WASHINGTON DC 20035

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** C00680983

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** / **06** / **2018** in the State of
- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)
- Election on  /  /  in the State of

5. Covering Period **10** / **01** / **2018** through **10** / **17** / **2018**

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

Signature of Treasurer RIDDLE, CLARINE, NARDI, , [Electronically Filed] Date **10** / **25** / **2018**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**NO LABELS ACTION, INC.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1688615.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="63496.53"/>	<input type="text" value="4091334.52"/>
(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="1752111.58"/>	<input type="text" value="4091334.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="949748.01"/>	<input type="text" value="3288970.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="802363.57"/>	<input type="text" value="802363.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**NO LABELS ACTION, INC.**

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).....	0.00	1518500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1518500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2479337.99
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	3997837.99
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).....	63496.53	93496.53
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)).....▶	63496.53	4091334.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63496.53	4091334.52

**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 .....	18719.03	414074.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18719.03	414074.96
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) .....	931028.98	2874895.99
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)) ..	949748.01	3288970.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	949748.01	3288970.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	3997837.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	3997837.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18719.03	414074.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	63496.53	93496.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 44777.50	320578.43

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

**A. THE PIVOT GROUP, INC.**

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

Mailing Address 1509 16TH STREET NW  
3RD FLOOR

City WASHINGTON State DC Zip Code 20036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
63496.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : SA15.4517**

Amount of Each Receipt this Period  
63496.53

Memo Item  
VENDOR REFUND - OVERPAYMENT

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63496.53
<b>TOTAL</b> This Period (last page this line number only).....▶	63496.53

**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)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. ASCENT MEDIA LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 7600 E. EASTMAN AVE SUITE 405		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4482</b> Amount of Each Disbursement this Period 6666.00
City DENVER	State CO	Zip Code 80231
Purpose of Disbursement STRATEGY CONSULTING		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. B STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 1407 5TH STREET NW UNIT 2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4483</b> Amount of Each Disbursement this Period 2100.00
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4484</b> Amount of Each Disbursement this Period 2027.49
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10793.49
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

**A. CHAIN BRIDGE BANK, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4485

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. CHAIN BRIDGE BANK, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4486

Amount of Each Disbursement this Period: 20.00

Memo Item

**C. CHAIN BRIDGE BANK, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4487

Amount of Each Disbursement this Period: 20.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4488</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4489</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4490</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial)  
**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4491

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4492

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4493

Amount of Each Disbursement this Period: 20.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4497</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4498</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4499</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4500</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4501</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4502</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

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

[ ] 60.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4503</b> Amount of Each Disbursement this Period [ ] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4504</b> Amount of Each Disbursement this Period [ ] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4505</b> Amount of Each Disbursement this Period [ ] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[ ] 60.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4506</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4507</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4508</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

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

[ ] 60.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4509</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4510</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4511</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[ ] 60.00
[ ]



**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)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4512</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4513</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4514</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NO LABELS ACTION, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4515</b> Amount of Each Disbursement this Period [ ] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SCR STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018	
Mailing Address 131 S CANTERBURY RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4516</b> Amount of Each Disbursement this Period [ ] 7305.54	
City CHARLOTTE	State NC	Zip Code 28211	Category/ Type [ ]
Purpose of Disbursement STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7325.54
<b>TOTAL</b> This Period (last page this line number only).....▶	18719.03

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee LANDSCAPE MEDIA, LLC
Mailing Address 1250 H STREET NW SUITE 200
City WASHINGTON State DC Zip Code 20005
Purpose of Expenditure DIGITAL ADVERTISING
Date of Public Distribution/Dissemination 10/01/2018
Amount 49723.83
Transaction ID: SE.4312
Date of Disbursement or Obligation 10/01/2018

Name of Federal Candidate: O'HALLERAN, TOM, ,
Support Oppose
Office Sought: House District: 01
President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 111191.11
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee LANDSCAPE MEDIA, LLC
Mailing Address 1250 H STREET NW SUITE 200
City WASHINGTON State DC Zip Code 20005
Purpose of Expenditure DIGITAL ADVERTISING
Date of Public Distribution/Dissemination 10/01/2018
Amount 51602.48
Transaction ID: SE.4314
Date of Disbursement or Obligation 10/01/2018

Name of Federal Candidate: MURPHY, STEPHANIE, ,
Support Oppose
Office Sought: House District: 07
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 115477.76
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 101326.31
(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.

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date 10/25/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00680983

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

Full Name of Payee: LANDSCAPE MEDIA, LLC
Mailing Address: 1250 H STREET NW, SUITE 200, WASHINGTON, DC 20005
Purpose of Expenditure: DIGITAL ADVERTISING
Date of Public Distribution/Dissemination: 10/17/2018
Amount: 27359.54
Transaction ID: SE.4446
Date of Disbursement or Obligation: 10/17/2018
Name of Federal Candidate: GOTTHEIMER, JOSH, , Support
Office Sought: House, District: 05, State: NJ
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 158085.95

Full Name of Payee: MAJORITY STRATEGIES, LLC
Mailing Address: 12854 KENANA DRIVE, SUITE 145, JACKSONVILLE, FL 32258
Purpose of Expenditure: DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 10/02/2018
Amount: 30266.49
Transaction ID: SE.4316
Date of Disbursement or Obligation: 10/02/2018
Name of Federal Candidate: LANCE, LEONARD, , Support
Office Sought: House, District: 07, State: NJ
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 296199.54

(a) SUBTOTAL of Itemized Independent Expenditures ..... 57626.03
(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.

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date 10/25/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10 / 02 / 2018
Amount 32875.09
Transaction ID : SE.4318
Date of Disbursement or Obligation 10 / 02 / 2018

Name of Federal Candidate: FITZPATRICK, BRIAN, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 331538.71
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10 / 02 / 2018
Amount 32272.24
Transaction ID : SE.4320
Date of Disbursement or Obligation 10 / 02 / 2018

Name of Federal Candidate: CURBELO, CARLOS MR., , ,
Support Oppose
Office Sought: House District: 26
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 328620.49
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65147.33
(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.

RIDDLE, CLARINE, NARDI, ,
Signature

[Electronically Filed]

Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC Memo Item

Date of Public Distribution/Dissemination 10 / 02 / 2018

Mailing Address 12854 KENANA DRIVE SUITE 145

Amount 32314.05

City JACKSONVILLE State FL Zip Code 32258

Transaction ID : SE.4322

Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type

Date of Disbursement or Obligation 10 / 02 / 2018

Name of Federal Candidate: KATKO, JOHN M, , Support Oppose

Office Sought: House District: 24 State: NY

Calendar Year-To-Date Per Election for Office Sought 196522.88

Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC Memo Item

Date of Public Distribution/Dissemination 10 / 02 / 2018

Mailing Address 12854 KENANA DRIVE SUITE 145

Amount 23804.76

City JACKSONVILLE State FL Zip Code 32258

Transaction ID : SE.4324

Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type

Date of Disbursement or Obligation 10 / 02 / 2018

Name of Federal Candidate: GALLAGHER, MICHAEL JOHN, , Support Oppose

Office Sought: House District: 08 State: WI

Calendar Year-To-Date Per Election for Office Sought 44044.28

Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56118.81

(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.

RIDDLE, CLARINE, NARDI, [Electronically Filed] Signature

Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/03/2018
Amount 17865.47
Transaction ID: SE.4333
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate: UPTON, FREDERICK STEPHEN, ,
Support Oppose
Office Sought: House District: 06
President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 39461.63
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/05/2018
Amount 34557.00
Transaction ID: SE.4335
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate: CURBELO, CARLOS MR., ,
Support Oppose
Office Sought: House District: 26
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 363177.49
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52422.47
(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.

RIDDLE, CLARINE, NARDI, [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination 10/05/2018
Amount 21875.18
Transaction ID : SE.4337
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate: JOYCE, DAVID P, ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 21875.18

Office Sought: House District: 14 State: OH
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Public Distribution/Dissemination 10/08/2018
Amount 31070.02
Transaction ID : SE.4345
Date of Disbursement or Obligation 10/10/2018

Name of Federal Candidate: LANCE, LEONARD, ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 327269.56

Office Sought: House District: 07 State: NJ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52945.20
(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.

RIDDLE, CLARINE, NARDI,
Signature

[Electronically Filed]

Date 10/25/2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00680983

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

Full Name of Payee
MAJORITY STRATEGIES, LLC
Memo Item

Date of Public Distribution/Dissemination
10 / 08 / 2018

Mailing Address
12854 KENANA DRIVE
SUITE 145

Amount
35202.53

City State Zip Code
JACKSONVILLE FL 32258

Transaction ID : SE.4347

Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Disbursement or Obligation
10 / 10 / 2018

Name of Federal Candidate:
FITZPATRICK, BRIAN, ,
Support Oppose

Office Sought:
House District: 01
President Senate State: PA

Calendar Year-To-Date
Per Election for Office Sought
366741.24

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MAJORITY STRATEGIES, LLC
Memo Item

Date of Public Distribution/Dissemination
10 / 09 / 2018

Mailing Address
12854 KENANA DRIVE
SUITE 145

Amount
29130.69

City State Zip Code
JACKSONVILLE FL 32258

Transaction ID : SE.4353

Purpose of Expenditure
DIRECT MAIL PRINTING AND POSTAGE
Category/Type

Date of Disbursement or Obligation
10 / 10 / 2018

Name of Federal Candidate:
CURBELO, CARLOS MR., ,
Support Oppose

Office Sought:
House District: 26
President Senate State: FL

Calendar Year-To-Date
Per Election for Office Sought
392308.18

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64333.22
(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.

RIDDLE, CLARINE, NARDI,
[Electronically Filed]
Date 10 / 25 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/11/2018
Amount 32875.09
Transaction ID: SE.4378
Date of Disbursement or Obligation 10/12/2018

Name of Federal Candidate: FITZPATRICK, BRIAN, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 399616.33
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/12/2018
Amount 21874.58
Transaction ID: SE.4380
Date of Disbursement or Obligation 10/12/2018

Name of Federal Candidate: JOYCE, DAVID P, , ,
Support Oppose
Office Sought: House District: 14
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 43749.76
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54749.67
(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.

RIDDLE, CLARINE, NARDI, , [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00680983

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

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/12/2018
Amount 29130.69
Transaction ID: SE.4382
Date of Disbursement or Obligation 10/12/2018

Name of Federal Candidate: CURBELO, CARLOS MR., ,
Support Oppose
Office Sought: House District: 26
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 421438.87
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MAJORITY STRATEGIES, LLC
Mailing Address 12854 KENANA DRIVE SUITE 145
City JACKSONVILLE State FL Zip Code 32258
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/16/2018
Amount 32409.25
Transaction ID: SE.4394
Date of Disbursement or Obligation 10/17/2018

Name of Federal Candidate: LANCE, LEONARD, ,
Support Oppose
Office Sought: House District: 07
President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 359678.81
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61539.94
(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.

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date

10/25/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER
C C00680983

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

Full Name of Payee: NATIONAL CABLE COMMUNICATIONS, LLC
Mailing Address: 7501 WISCONSIN AVENUE, SUITE 800 EAST, BETHESDA, MD 20814
Purpose of Expenditure: PLACED MEDIA
Date of Public Distribution/Dissemination: 10/06/2018
Amount: 27508.00
Transaction ID: SE.4341
Date of Disbursement or Obligation: 10/05/2018
Name of Federal Candidate: COFFMAN, MIKE REP., , Support
Office Sought: House District: 06 State: CO
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 369934.53

Full Name of Payee: STONES' PHONES
Mailing Address: 41-750 RANCHO LAS PALMAS DRIVE, SUITE E-3, RANCHO MIRAGE, CA 92270
Purpose of Expenditure: LIVE CALLS
Date of Public Distribution/Dissemination: 10/13/2018
Amount: 33456.16
Transaction ID: SE.4387
Date of Disbursement or Obligation: 10/13/2018
Name of Federal Candidate: O'HALLERAN, TOM, , Support
Office Sought: House District: 01 State: AZ
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 205691.21

(a) SUBTOTAL of Itemized Independent Expenditures ..... 60964.16
(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.

RIDDLE, CLARINE, NARDI, , [Electronically Filed]
Signature Date 10/25/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/03/2018
Amount 30422.01
Transaction ID: SE.4329
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate: COSTA, JIM, , ,
Support Oppose
Office Sought: House District: 16
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 61267.35
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/03/2015
Amount 22962.87
Transaction ID: SE.4331
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate: GONZALEZ, VICENTE, , ,
Support Oppose
Office Sought: House District: 15
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 46282.46
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53384.88
(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.

RIDDLE, CLARINE, NARDI, , [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

Check if 24-hour report 48-hour report New report Amends report filed on 10/08/2018

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: GOTTHEIMER, JOSH, , , Support
Office Sought: House District: 05 State: NJ
Calendar Year-To-Date Per Election for Office Sought 100259.01
Disbursement For: General 2018

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: O'HALLERAN, TOM, , , Support
Office Sought: House District: 01 State: AZ
Calendar Year-To-Date Per Election for Office Sought 141713.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 60989.37
(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.

RIDDLE, CLARINE, NARDI, [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: LEE, SUSIE, , , Support
Office Sought: House District: 03 State: NV
Disbursement For: General 2018
Amount 14820.00
Transaction ID: SE.4373
Date of Disbursement or Obligation 10/12/2018

Full Name of Payee THE PIVOT GROUP, INC.
Mailing Address 1509 16TH STREET NW 3RD FLOOR
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: O'HALLERAN, TOM, , , Support
Office Sought: House District: 01 State: AZ
Disbursement For: General 2018
Amount 30521.97
Transaction ID: SE.4376
Date of Disbursement or Obligation 10/12/2018

(a) SUBTOTAL of Itemized Independent Expenditures 45341.97
(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.

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date 10/25/2018

Signature

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

NAME OF COMMITTEE (In Full) <b>NO LABELS ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00680983             </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 <b>THE PIVOT GROUP, INC.</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2018
Mailing Address 1509 16TH STREET NW 3RD FLOOR	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     30467.40                 </div>
City WASHINGTON State DC Zip Code 20036	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: GOTTHEIMER, JOSH, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: NJ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">130726.41</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE PIVOT GROUP, INC.</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2018
Mailing Address 1509 16TH STREET NW 3RD FLOOR	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     14910.00                 </div>
City WASHINGTON State DC Zip Code 20036	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MCCREADY, DANIEL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">14910.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 45377.40             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </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.

RIDDLE, CLARINE, NARDI, ,

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

Signature



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

NAME OF COMMITTEE (In Full) <b>NO LABELS ACTION, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00680983                 </div>
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE PIVOT GROUP, INC.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 16 / 2018                 </div>
Mailing Address 1509 16TH STREET NW 3RD FLOOR	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M M M</span> 30611.97                 </div>
City WASHINGTON State DC Zip Code 20036	<b>Transaction ID : SE.4396</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 17 / 2018                 </div>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose O'HALLERAN, TOM, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AZ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 236303.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE PIVOT GROUP, INC.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 15 / 2018                 </div>
Mailing Address 1509 16TH STREET NW 3RD FLOOR	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M M M</span> 37638.24                 </div>
City WASHINGTON State DC Zip Code 20036	<b>Transaction ID : SE.4398</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">Y Y Y Y Y Y</span>                      10 / 17 / 2018                 </div>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MURPHY, STEPHANIE, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 153116.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M M M</span> 68250.21                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M M M</span> </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M M M</span> </div>

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

RIDDLE, CLARINE, NARDI, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.
FEC IDENTIFICATION NUMBER C C00680983

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

Full Name of Payee THE PIVOT GROUP, INC. Memo Item

Date of Public Distribution/Dissemination 10 / 15 / 2018

Mailing Address 1509 16TH STREET NW 3RD FLOOR

Amount 30512.01

City WASHINGTON State DC Zip Code 20036

Transaction ID: SE.4400 Date of Disbursement or Obligation

Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type

10 / 17 / 2018

Name of Federal Candidate: COSTA, JIM, , Support Oppose

Office Sought: House District: 16 State: CA

Calendar Year-To-Date Per Election for Office Sought 91779.36

Disbursement For: Primary General 2018 Other (specify)

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/Type

Name of Federal Candidate: Support Oppose

Office Sought: House District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30512.01

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 931028.98

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.

RIDDLE, CLARINE, NARDI, [Electronically Filed] Signature

Date 10 / 25 / 2018