

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**
VOTEVETS

ADDRESS (number and street) PO Box 75357
Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00418897 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer *Hegdahl, Rick, , ,* [Electronically Filed] Date 07 / 27 / 2017

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

VOTEVETS

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="2017"/>		340251.62
(b) Cash on Hand at Beginning of Reporting Period.....	340251.62	
(c) Total Receipts (from Line 19)	238740.20	238740.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	578991.82	578991.82
7. Total Disbursements (from Line 31).....	211223.54	211223.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	367768.28	367768.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

VOTEVETS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

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).....	27443.00	27443.00
(ii) Unitemized	118703.70	118703.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	146146.70	146146.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	42500.00	42500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	188646.70	188646.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	50093.50	50093.50
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)).....▶	238740.20	238740.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	238740.20	238740.20

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	55708.54	55708.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55708.54	55708.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110000.00	110000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	45515.00	45515.00
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)) ..	211223.54	211223.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	211223.54	211223.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	188646.70	188646.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	188646.70	188646.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55708.54	55708.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55708.54	55708.54

**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 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
VOTEVETS

A. Amory, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Squires Ave #R1
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22454708
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Amory, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Squires Ave #R1
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : C22499614
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Amory, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Squires Ave #R1
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : C22503313
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Amory, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Squires Ave #R1

City Endicott	State NY	Zip Code 13760
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : C22503314

Amount of Each Receipt this Period

1.00

 Memo Item

B. Amory, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Squires Ave #R1

City Endicott	State NY	Zip Code 13760
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : C22517564

Amount of Each Receipt this Period

5.00

 Memo Item

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

Mailing Address 228 Squires Ave #R1

City Endicott	State NY	Zip Code 13760
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
331.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : C22517565

Amount of Each Receipt this Period

300.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 147
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Amory, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Squires Ave #R1
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517566
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Amory, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Squires Ave #R1
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518205
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Bailey, Lois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 589 Montgomery Road
 City Westfield State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496412
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bailey, Lois, , ,		Date of Receipt MM / DD / YYYY 05 / 30 / 2017
Mailing Address 589 Montgomery Road		Transaction ID : C22496413
City Westfield	State MA	Zip Code 01085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bailey, Lois, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2017
Mailing Address 589 Montgomery Road		Transaction ID : C22503153
City Westfield	State MA	Zip Code 01085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bailey, Lois, , ,		Date of Receipt MM / DD / YYYY 06 / 19 / 2017
Mailing Address 589 Montgomery Road		Transaction ID : C22516281
City Westfield	State MA	Zip Code 01085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Bannister, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7512 Cashew Dr
 City Orlando Park State IL Zip Code 60462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517956
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2017
Transaction ID : C22239180
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2017
Transaction ID : C22323986
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378682
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439489
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2017
Transaction ID : C22479209
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496595
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Batd, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Calgary Trail
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Associate Provost
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518225
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Blass, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Mercer St #3E
 City New York State NY Zip Code 10012-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2017
Transaction ID : C22239181
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Blass, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Mercer St #3E
 City New York State NY Zip Code 10012-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2017
Transaction ID : C22323987
 Amount of Each Receipt this Period
 36.00
 Memo Item

B. Blass, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Mercer St #3E
 City New York State NY Zip Code 10012-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378684
 Amount of Each Receipt this Period
 36.00
 Memo Item

C. Blass, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Mercer St #3E
 City New York State NY Zip Code 10012-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439500
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Blass, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 Mercer St #3E

City New York	State NY	Zip Code 10012-4402
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2017

Transaction ID : C22479211

Amount of Each Receipt this Period
36.00

Memo Item

B. Blass, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 Mercer St #3E

City New York	State NY	Zip Code 10012-4402
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2017

Transaction ID : C22496420

Amount of Each Receipt this Period
36.00

Memo Item

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

Mailing Address 93 Mercer St #3E

City New York	State NY	Zip Code 10012-4402
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C22518232

Amount of Each Receipt this Period
36.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Boschetto, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Bergen St #3
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herman Miller Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : C22348743
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bravender, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 250
 City Freeland State WA Zip Code 98249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : C22455873
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bravender, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 250
 City Freeland State WA Zip Code 98249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 30 / 2017**
Transaction ID : C22496428
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Bravender, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 250
 City Freeland State WA Zip Code 98249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : C22499644
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bravender, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 250
 City Freeland State WA Zip Code 98249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516621
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Burns, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Ridgewood Drive
 City Bow State NH Zip Code 03304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516534
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Cabacungan, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 Knollwood Dr
 City Chapel Hill State NC Zip Code 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ellen Cabacungan Consulting Inc. Occupation (for Individual) Market Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22348760
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Coggins, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 West 77 Street #2J
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22456057
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Cruikshank, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13001 Marsh Landing
 City West Palm Beach State FL Zip Code 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517970
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Curnyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E. Swedesford Rd Suite 253
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Curnyn Consulting LLC Occupation (for Individual) Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2017
Transaction ID : C22348793
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Deas, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 Hidden Acres Road
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E&M Electric & Machinery Inc. Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2017
Transaction ID : C22368862
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Deas, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 Hidden Acres Road
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E&M Electric & Machinery Inc. Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2017
Transaction ID : C22439246
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Deas, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 Hidden Acres Road
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E&M Electric & Machinery Inc. Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2017
Transaction ID : C22479255
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Deas, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 Hidden Acres Road
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E&M Electric & Machinery Inc. Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017
Transaction ID : C22494706
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Deas, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 Hidden Acres Road
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E&M Electric & Machinery Inc. Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516517
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2017
Transaction ID : C22248553
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2017
Transaction ID : C22248554
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2017
Transaction ID : C22368865
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 147
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2017
Transaction ID : C22368866
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439256
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439257
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2017
Transaction ID : C22479261
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2017
Transaction ID : C22479262
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017
Transaction ID : C22494725
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017
Transaction ID : C22494726
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516640
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ewers, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19191 Harvard Ave
 Apt 130A
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516641
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Foszcz, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 W Burgett Rd
 City Richmond State IL Zip Code 60071-9787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 09 / 2017
Transaction ID : C22503327
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Foszcz, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 W Burgett Rd
 City Richmond State IL Zip Code 60071-9787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 28 / 2017
Transaction ID : C22516962
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fraser, Ross, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Margaret St
 City Glen Cove State NY Zip Code 11542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau Health Care Corp Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 06 / 2017
Transaction ID : C22239236
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Fraser, Ross, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Margaret St

City Glen Cove	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Nassau Health Care Corp	Occupation (for Individual) Hospital Administrator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2017

Transaction ID : C22324102

Amount of Each Receipt this Period
50.00

Memo Item

B. Fraser, Ross, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Margaret St

City Glen Cove	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Nassau Health Care Corp	Occupation (for Individual) Hospital Administrator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Transaction ID : C22378783

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 28 Margaret St

City Glen Cove	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Nassau Health Care Corp	Occupation (for Individual) Hospital Administrator
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : C22455080

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Fraser, Ross, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Margaret St
 City Glen Cove State NY Zip Code 11542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau Health Care Corp Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2017
Transaction ID : C22482982
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fraser, Ross, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Margaret St
 City Glen Cove State NY Zip Code 11542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau Health Care Corp Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : C22503354
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gailey, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Whiting Farm Road
 City Branford State CT Zip Code 06405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516916
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Goodwin, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3677 Woodland Hall Ln
 City Clinton State WA Zip Code 98236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439590
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hall, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 Knollwood Lane
 City Glenview State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IL Atty Regis. & Disciplinary Comm. Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496560
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hamerman, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fraser Pl
 City Hastings On Hudson State NY Zip Code 10706-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Creative Land Recycling Occupation (for Individual) Dir. of Strategic Initiatives
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22348873
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Harjes, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Keasler Rd
 City Asheville State NC Zip Code 28805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VES Occupation (for Individual) Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439792
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hawes, Kinne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4341
 City South Colby State WA Zip Code 98384-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C&G Law Group Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2017
Transaction ID : C22488193
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hawes, Kinne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4341
 City South Colby State WA Zip Code 98384-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C&G Law Group Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : C22516347
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Hawes, Kinne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4341

City South Colby	State WA	Zip Code 98384-4341
---------------------	-------------	------------------------

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

Name of Employer (for Individual) C&G Law Group	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516830

Amount of Each Receipt this Period
 50.00

Memo Item

B. Heger, Erich, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Lincoln St
 Unit L518

City Boston	State MA	Zip Code 02111-2664
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tishman Speyer	Occupation (for Individual) Real Estate
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22349010

Amount of Each Receipt this Period
 250.00

Memo Item

C. Heisch, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 823 NW 20th St

City Oklahoma City	State OK	Zip Code 73106
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2017
Transaction ID : C22368875

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Heisch, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 823 NW 20th St
 City Oklahoma City State OK Zip Code 73106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 12 / 2017
Transaction ID : C22488196
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Heisch, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 823 NW 20th St
 City Oklahoma City State OK Zip Code 73106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 06 / 09 / 2017
Transaction ID : C22503262
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Helgeson, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 584 Myrtle Ave 2B
 City Brooklyn State NY Zip Code 11205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadway.com Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 02 / 17 / 2017
Transaction ID : C22349055
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Hester, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2088 N. Van Dyke Rd.
 City Imlay City State MI Zip Code 48444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518502
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hirschhorn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Sterling Place
 City Brooklyn State NY Zip Code 11238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Non-Profit Strategy Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22349029
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Horie, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 Dillingham Hill Rd.
 City Auburn State ME Zip Code 04210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439396
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Horie, Nancy, , ,		Date of Receipt
Mailing Address 275 Dillingham Hill Rd.		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Auburn	State ME	Zip Code 04210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22455098
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Horie, Nancy, , ,		Date of Receipt
Mailing Address 275 Dillingham Hill Rd.		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Auburn	State ME	Zip Code 04210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22455099
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Horie, Nancy, , ,		Date of Receipt
Mailing Address 275 Dillingham Hill Rd.		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2017"/>
City Auburn	State ME	Zip Code 04210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22499865
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 33 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Horie, Nancy, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2017
Mailing Address 275 Dillingham Hill Rd.		Transaction ID : C22503264
City Auburn	State ME	Zip Code 04210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Horie, Nancy, , ,		Date of Receipt MM / DD / YYYY 06 / 28 / 2017
Mailing Address 275 Dillingham Hill Rd.		Transaction ID : C22517716
City Auburn	State ME	Zip Code 04210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Horn, Johnna, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2017
Mailing Address 11 St. Malo Ct.		Transaction ID : C22439388
City Lake St. Louis	State MO	Zip Code 63367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 147
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Hyde, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 Live Oak Street

City Round Rock	State TX	Zip Code 78681
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pervasive Software	Occupation (for Individual) Software Support Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2017

Transaction ID : C22239238

Amount of Each Receipt this Period
100.00

Memo Item

B. Hyde, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 Live Oak Street

City Round Rock	State TX	Zip Code 78681
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pervasive Software	Occupation (for Individual) Software Support Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : C22516834

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3101 Live Oak Street

City Round Rock	State TX	Zip Code 78681
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pervasive Software	Occupation (for Individual) Software Support Engineer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : C22516835

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Iness, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

Transaction ID : C22439659

Amount of Each Receipt this Period
10.00

Memo Item

B. Iness, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : C22455032

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : C22488229

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Iness, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : C22503344

Amount of Each Receipt this Period
50.00

Memo Item

B. Iness, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : C22503648

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address PO BOX 850

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

Transaction ID : C22516390

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Iness, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 850
 City Fall City State WA Zip Code 98024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518406
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Juarez, Roberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2166 Morongo Drive
 City Camarillo State CA Zip Code 93012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clinicas del Camino Real, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22454896
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2017
Transaction ID : C22239244
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2017
Transaction ID : C22324115
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378765
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439350
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **04 / 04 / 2017**
Transaction ID : C22455670
 Amount of Each Receipt this Period **15.00**
 Memo Item

B. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **04 / 04 / 2017**
Transaction ID : C22455671
 Amount of Each Receipt this Period **20.00**
 Memo Item

C. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **05 / 04 / 2017**
Transaction ID : C22483002
 Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496680
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496684
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Lambert, Lena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Jungle Court
 City Lakeland State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : C22503334
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lambert, Lena, , ,		Date of Receipt
Mailing Address 1103 Jungle Court		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Lakeland	State FL	Zip Code 33801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22516891
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Nurse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="205.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leising, James, L, ,		Date of Receipt
Mailing Address 2111 Edgewood Road		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Emerald Hills	State CA	Zip Code 94062
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22348922
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="text" value="250.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lindy, Cathy, , ,		Date of Receipt
Mailing Address 930 Cape Marco Dr Unit 506		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Marco Island	State FL	Zip Code 34145-6344
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22503323
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="text" value="600.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 42 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Lindy, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 Cape Marco Dr
 Unit 506
 City Marco Island State FL Zip Code 34145-6344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517590
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Little, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 5th Ave
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496704
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Little, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 5th Ave
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516495
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C22248569
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C22248570
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 27 / 2017
Transaction ID : C22368891
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
VOTEVETS

A. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2017
Transaction ID : C22368892
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439315
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439316
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOTEVETS

A. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 27 / 2017
Transaction ID : C22479266
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 27 / 2017
Transaction ID : C22479267
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Long, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Paris St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SFMTA Occupation (for Individual) Electronic Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 18 / 2017
Transaction ID : C22494712
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 147
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Long, James, , ,

Mailing Address 203 Paris St

City San Francisco	State CA	Zip Code 94112
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017

Transaction ID : C22494713

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Long, James, , ,

Mailing Address 203 Paris St

City San Francisco	State CA	Zip Code 94112
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017

Transaction ID : C22516997

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 203 Paris St

City San Francisco	State CA	Zip Code 94112
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SFMTA	Occupation (for Individual) Electronic Tech
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017

Transaction ID : C22516998

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Macy, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 01 / 30 / 2017
Transaction ID : C22324005

Amount of Each Receipt this Period
 100.00

Memo Item

B. Macy, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 02 / 27 / 2017
Transaction ID : C22368896

Amount of Each Receipt this Period
 100.00

Memo Item

C. Macy, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 31 / 2017
Transaction ID : C22439327

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Macy, Jerry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2017

Transaction ID : C22479270

Amount of Each Receipt this Period
100.00

Memo Item

B. Macy, Jerry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2017

Transaction ID : C22496601

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 1268

City Ocean Park	State WA	Zip Code 98640
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : C22517028

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Main, Valerie, , ,

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

Mailing Address 6000 Shadow Ridge Dr NW

City Albuquerque	State NM	Zip Code 87120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Woodmark at Uptown	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : C22439373

Amount of Each Receipt this Period
35.00

Memo Item

B. Main, Valerie, , ,

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

Mailing Address 6000 Shadow Ridge Dr NW

City Albuquerque	State NM	Zip Code 87120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Woodmark at Uptown	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017

Transaction ID : C22499728

Amount of Each Receipt this Period
25.00

Memo Item

C. Main, Valerie, , ,

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

Mailing Address 6000 Shadow Ridge Dr NW

City Albuquerque	State NM	Zip Code 87120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Woodmark at Uptown	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017

Transaction ID : C22503673

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Main, Valerie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Shadow Ridge Dr NW

City Albuquerque	State NM	Zip Code 87120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Woodmark at Uptown	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : C22516919

Amount of Each Receipt this Period
50.00

Memo Item

B. Main, Valerie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Shadow Ridge Dr NW

City Albuquerque	State NM	Zip Code 87120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Woodmark at Uptown	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C22518374

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 415 East 52nd Street

City New York	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Donald N Martin & Company	Occupation (for Individual) Public Relations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : C22455574

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Martin, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 East 52nd Street
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Donald N Martin & Company Occupation (for Individual) Public Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 06 / 28 / 2017
Transaction ID : C22516899
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mel, Francis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2944 Lexington Road
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WyattTarrant & Combs LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 06 / 28 / 2017
Transaction ID : C22517847
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Metz, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 North Ashley Drive Apt 1407
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Dynamics Info. Technology Occupation (for Individual) Defense Contractor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 02 / 07 / 2017
Transaction ID : C22324080
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Meyer, Roger, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Colonial Parkway Dr
 City Chattanooga State TN Zip Code 37421-3309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : C22454898
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mitchell, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 Lincoln Blvd #1
 City Santa Monica State CA Zip Code 90402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : C22439303
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C22248573
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 147
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 27 / 2017**
Transaction ID : C22368895
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : C22439326
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : C22479254
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017
Transaction ID : C22494709
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Montera, Annemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Rhododendron Dr
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Telecomm. & Construction Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517027
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Passon, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 S. Kihei Rd
 City Kihei State HI Zip Code 96753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : C22499883
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Passon, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 S. Kihei Rd
 City Kihei State HI Zip Code 96753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518460
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Perfors, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2462
 City Meeker State CO Zip Code 81641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLM Occupation (for Individual) Natural Resource Spc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2017
Transaction ID : C22248574
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Perfors, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2462
 City Meeker State CO Zip Code 81641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLM Occupation (for Individual) Natural Resource Spc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22348831
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 147
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Perfors, Tracy, , ,

Mailing Address PO Box 2462

City Meeker	State CO	Zip Code 81641
----------------	-------------	-------------------

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

Name of Employer (for Individual) BLM	Occupation (for Individual) Natural Resource Spc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

Transaction ID : C22405872

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Perfors, Tracy, , ,

Mailing Address PO Box 2462

City Meeker	State CO	Zip Code 81641
----------------	-------------	-------------------

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

Name of Employer (for Individual) BLM	Occupation (for Individual) Natural Resource Spc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2017

Transaction ID : C22479271

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 2462

City Meeker	State CO	Zip Code 81641
----------------	-------------	-------------------

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

Name of Employer (for Individual) BLM	Occupation (for Individual) Natural Resource Spc
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2017

Transaction ID : C22494718

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Perfors, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2462
 City Meeker State CO Zip Code 81641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLM Occupation (for Individual) Natural Resource Spc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : C22516398
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Peterson, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Brinks Court
 City Sterling State VA Zip Code 20165-5795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USG Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517118
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Quinn, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO box 678
 City Palisades State NY Zip Code 10964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Entertainer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22349023
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
VOTEVETS

A. Racz, Lois , Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Savage Farm Dr
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C22248565
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Racz, Lois , Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Savage Farm Dr
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **02 / 09 / 2017**
Transaction ID : C22324138
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Racz, Lois , Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Savage Farm Dr
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : C22488219
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 147
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Ravanos, Demetri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8226 Marvino Ln
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : C22348906
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Ravanos, Demetri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8226 Marvino Ln
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **03 / 09 / 2017**
Transaction ID : C22378818
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Ravanos, Demetri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8226 Marvino Ln
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 20 / 2017**
Transaction ID : C22479242
 Amount of Each Receipt this Period 180.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 240.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Robbins, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 Mystic Lane
 City Pittsboro State NC Zip Code 27312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : C22503606
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ross, Johanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Albion Pl
 City Newton Centre State MA Zip Code 02459-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439419
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Sale, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 N Laurel Ave
 City Los Angeles State CA Zip Code 90048-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Artist & Brand Management Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22348837
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Silva, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Indiana St. #564
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison & Foerster LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2017
Transaction ID : C22239194
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Silva, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Indiana St. #564
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison & Foerster LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2017
Transaction ID : C22324015
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Silva, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Indiana St. #564
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison & Foerster LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378719
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 147
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Silva, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Indiana St. #564
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison & Foerster LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439683
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Silva, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Indiana St. #564
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison & Foerster LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2017
Transaction ID : C22479241
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Steck, Pat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308 Old Stickney Point Rd WP2
 City Sarasota State FL Zip Code 34242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22455830
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Steck, Pat, , ,		Date of Receipt MM / DD / YYYY 06 / 28 / 2017 Transaction ID : C22517733
Mailing Address 1308 Old Stickney Point Rd WP2		Amount of Each Receipt this Period 100.00
City Sarasota	State FL	Zip Code 34242
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Steck, Pat, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 Transaction ID : C22518446
Mailing Address 1308 Old Stickney Point Rd WP2		Amount of Each Receipt this Period 50.00
City Sarasota	State FL	Zip Code 34242
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stroupe, Frank, , ,		Date of Receipt MM / DD / YYYY 06 / 28 / 2017 Transaction ID : C22516806
Mailing Address 329 Raintree Dr		Amount of Each Receipt this Period 250.00
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 147
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Suah, Nancy, , ,

Mailing Address 3100 John Anderson Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2017

Transaction ID : C22348929

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Thomas, Frankie, , ,

Mailing Address 100 S Madison St

City Hugoton State KS Zip Code 67951

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : C22368889

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5702 Santa Cruz Ave

City Richmond State CA Zip Code 94804

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

Name of Employer (for Individual) State Hospital Occupation (for Individual) Psychiatrist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2017

Transaction ID : C22239200

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Thomas, Noelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 Santa Cruz Ave
 City Richmond State CA Zip Code 94804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2017
Transaction ID : C22324056
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Thomas, Noelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 Santa Cruz Ave
 City Richmond State CA Zip Code 94804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378715
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Thomas, Noelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 Santa Cruz Ave
 City Richmond State CA Zip Code 94804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439649
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Thomas, Noelle, , ,		Date of Receipt MM / DD / YYYY 05 / 04 / 2017
Mailing Address 5702 Santa Cruz Ave		Transaction ID : C22483015
City Richmond	State CA	Zip Code 94804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) State Hospital	Occupation (for Individual) Psychiatrist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thomas, Noelle, , ,		Date of Receipt MM / DD / YYYY 05 / 30 / 2017
Mailing Address 5702 Santa Cruz Ave		Transaction ID : C22496880
City Richmond	State CA	Zip Code 94804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) State Hospital	Occupation (for Individual) Psychiatrist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thomas, Noelle, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2017
Mailing Address 5702 Santa Cruz Ave		Transaction ID : C22499739
City Richmond	State CA	Zip Code 94804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) State Hospital	Occupation (for Individual) Psychiatrist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Thomas, Noelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 Santa Cruz Ave
 City Richmond State CA Zip Code 94804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518398
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Vasquez, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 Buena Vista Ave East
 City San Francisco State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22348950
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Vincent, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 North Lake Shore Drive #1510
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Small Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22349033
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Wagner, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Prairie Landing
 City Eagle Point State OR Zip Code 97524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2017
Transaction ID : C22239223
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Wagner, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Prairie Landing
 City Eagle Point State OR Zip Code 97524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2017
Transaction ID : C22324095
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Wagner, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Prairie Landing
 City Eagle Point State OR Zip Code 97524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378766
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Wagner, Travis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 142 Prairie Landing

City Eagle Point	State OR	Zip Code 97524
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

Transaction ID : C22455177

Amount of Each Receipt this Period
100.00

Memo Item

B. Wagner, Travis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 142 Prairie Landing

City Eagle Point	State OR	Zip Code 97524
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2017

Transaction ID : C22483008

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 142 Prairie Landing

City Eagle Point	State OR	Zip Code 97524
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

Transaction ID : C22503447

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2017
Transaction ID : C22239225
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2017
Transaction ID : C22324053
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378747
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22454988
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2017
Transaction ID : C22483012
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : C22503460
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 147
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Waite, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Appleton St NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorys Sater Seymour and Pease LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22516941
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Wittwer, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Smith Grade
 City Santa Cruz State CA Zip Code 95060-9578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wittwer Parkin LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22454892
 Amount of Each Receipt this Period
 140.00
 Memo Item

C. Wittwer, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Smith Grade
 City Santa Cruz State CA Zip Code 95060-9578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wittwer Parkin LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22455073
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Wittwer, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Smith Grade
 City Santa Cruz State CA Zip Code 95060-9578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wittwer Parkin LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : C22516355
 Amount of Each Receipt this Period
 140.00
 Memo Item

B. Wittwer, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Smith Grade
 City Santa Cruz State CA Zip Code 95060-9578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wittwer Parkin LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518594
 Amount of Each Receipt this Period
 140.00
 Memo Item

C. Wollman, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 Alaska Place, P.O. Box 3088
 City Friday Harbor State WA Zip Code 98250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : C22378736
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Wollman, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 Alaska Place, P.O. Box 3088
 City Friday Harbor State WA Zip Code 98250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : C22454902
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wollman, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 Alaska Place, P.O. Box 3088
 City Friday Harbor State WA Zip Code 98250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **06 / 09 / 2017**
Transaction ID : C22503485
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Wollman, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 Alaska Place, P.O. Box 3088
 City Friday Harbor State WA Zip Code 98250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **06 / 28 / 2017**
Transaction ID : C22517714
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Woodworth, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 Berkshire Rd
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Property Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : C22349062
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Woodworth, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 Berkshire Rd
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Property Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496858
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Worcester, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14932 Ironwheel
 City Sisters State OR Zip Code 97759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439309
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Worcester, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14932 Ironwheel
 City Sisters State OR Zip Code 97759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : C22439818
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Worcester, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14932 Ironwheel
 City Sisters State OR Zip Code 97759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017
Transaction ID : C22455635
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Worcester, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14932 Ironwheel
 City Sisters State OR Zip Code 97759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : C22499987
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Worcester, Tom, , ,		Date of Receipt
Mailing Address 14932 Ironwheel		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Sisters	State OR	Zip Code 97759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22503473
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Worcester, Tom, , ,		Date of Receipt
Mailing Address 14932 Ironwheel		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City Sisters	State OR	Zip Code 97759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22516389
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Worcester, Tom, , ,		Date of Receipt
Mailing Address 14932 Ironwheel		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Sisters	State OR	Zip Code 97759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C22516983
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Not Employed		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 78 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Yates, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Winthrop Rd
 City Lexington State MA Zip Code 02421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 27 / 2017**
Transaction ID : C22368897
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00

Date of Receipt **01 / 03 / 2017**
Transaction ID : C22239197
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00

Date of Receipt **01 / 30 / 2017**
Transaction ID : C22324009
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **02 / 27 / 2017**
Transaction ID : C2236882
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : C22439353
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 20 / 2017**
Transaction ID : C22479233
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C22496859
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Zimpleman, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2186 S Orilla Rd
 City Cumming State IA Zip Code 50061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C22518596
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Zweibel, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 O St NW
 City Washington State DC Zip Code 20037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skadden Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : C22517843
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	27443.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. AIR LINE PILOTS ASSOCIATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035451

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : C22499571

Amount of Each Receipt this Period
5000.00

Memo Item

B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 222 SOUTH PROSPECT AVE
C/O FINANCE DEPARTMENT

City PARK RIDGE	State IL	Zip Code 60068
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00173153

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : C22499570

Amount of Each Receipt this Period
5000.00

Memo Item

C. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTIO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 80 F STREET, NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00009936

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : C22484783

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1061 AMERICAN LANE
 City SCHAUMBURG State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C** C00255752
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **06 / 19 / 2017**
Transaction ID : C22503678
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 THIRD STREET, NW
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00002089
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 18 / 2017**
Transaction ID : C22467104
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Express Scripts PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 NEW JERSEY AVENUE NW SUITE 600
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00365072
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 30 / 2017**
Transaction ID : C22491927
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)

Mailing Address 1750 NEW YORK AVE. NW
SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2017

Transaction ID : C22456569

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L ASSN OF MACHINISTS & AEROSPACE WORKERS

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2017

Transaction ID : C22456568

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2017

Transaction ID : C22456566

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 NEW YORK AVENUE, NW

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007542

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2017

Transaction ID : C22456567

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

City TRIANGLE	State VA	Zip Code 22172
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00013342

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2017

Transaction ID : C22516472

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	42500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Buying Time, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 Massachusetts Ave NW
Ste 210

City Washington State DC Zip Code 20001-3728

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 ▼
1286.05

Date of Receipt
MM / DD / YYYY
04 / 27 / 2017

Transaction ID : C22479186

Amount of Each Receipt this Period
1286.05

Memo Item

Non-Contribution Account - Refund of Media Buy

B. INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES FEDERAL SPEECH PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 WEST 25TH STREET
4TH FLOOR

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00528455

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2017

Transaction ID : C22494705

Amount of Each Receipt this Period
5000.00

Memo Item

Non-Contribution Account

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

Mailing Address 3050 K St NW

City Washington State DC Zip Code 20007-5108

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 ▼
43807.45

Date of Receipt
MM / DD / YYYY
06 / 14 / 2017

Transaction ID : C22501588

Amount of Each Receipt this Period
43807.45

Memo Item

Refund - Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	50093.50
TOTAL This Period (last page this line number only).....	50093.50

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 03 / 2017	
Mailing Address 14 Arrow St				
City Cambridge	State MA	Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D659823 Amount of Each Disbursement this Period 30.08	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 06 / 2017	
Mailing Address 14 Arrow St				
City Cambridge	State MA	Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D659824 Amount of Each Disbursement this Period 56.24	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 06 / 2017	
Mailing Address 14 Arrow St				
City Cambridge	State MA	Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D659825 Amount of Each Disbursement this Period 1.99	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			88.31	
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 19 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D660032 Amount of Each Disbursement this Period [] 11.34		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
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. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 23 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D660033 Amount of Each Disbursement this Period [] 28.30		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
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) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 01 / 30 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D661191 Amount of Each Disbursement this Period [] 34.57		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
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)..... ▶			[] 74.21		
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D661192 Amount of Each Disbursement this Period 31.41
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 02 / 07 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D661193 Amount of Each Disbursement this Period 54.94
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D661194 Amount of Each Disbursement this Period 11.69
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

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

98.04

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 02 / 17 / 2017		
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D661351 Amount of Each Disbursement this Period [] 666.21		
City Cambridge	State MA	Zip Code 02138-5106	Category/Type []		
Purpose of Disbursement Credit Card Processing Fees			Memo Item <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period [] 666.21		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 02 / 27 / 2017		
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D661536 Amount of Each Disbursement this Period [] 87.27		
City Cambridge	State MA	Zip Code 02138-5106	Category/Type []		
Purpose of Disbursement Credit Card Processing Fees			Memo Item <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period [] 87.27		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 06 / 2017		
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D662201 Amount of Each Disbursement this Period [] 40.94		
City Cambridge	State MA	Zip Code 02138-5106	Category/Type []		
Purpose of Disbursement Credit Card Processing Fees			Memo Item <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period [] 40.94		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 794.42		
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 06 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D662202 Amount of Each Disbursement this Period [] 70.24		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 09 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D662203 Amount of Each Disbursement this Period [] 21.02		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 20 / 2017		
Mailing Address 14 Arrow St					
City Cambridge	State MA	Zip Code 02138-5106	FEC Identification Number C [] Transaction ID : D662424 Amount of Each Disbursement this Period [] 32.31		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []	Memo Item <input type="checkbox"/>		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 123.57		
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D664109 Amount of Each Disbursement this Period [] 276.89	
City Cambridge	State MA	Zip Code 02138-5106	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing 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:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D664110 Amount of Each Disbursement this Period [] 264.11	
City Cambridge	State MA	Zip Code 02138-5106	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing 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:				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 04 / 04 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C [] Transaction ID : D664541 Amount of Each Disbursement this Period [] 987.56	
City Cambridge	State MA	Zip Code 02138-5106	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing 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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1528.56
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)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow St

City
Cambridge

State
MA

Zip Code
02138-5106

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : **D664861**

Amount of Each Disbursement this Period

[REDACTED] 38.09

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow St

City
Cambridge

State
MA

Zip Code
02138-5106

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : **D665004**

Amount of Each Disbursement this Period

[REDACTED] 9.88

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow St

City
Cambridge

State
MA

Zip Code
02138-5106

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : **D665189**

Amount of Each Disbursement this Period

[REDACTED] 38.54

Memo Item

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

[REDACTED] 86.51

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 04 / 20 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : D665190	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Amount of Each Disbursement this Period 34.32	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : D665242	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Amount of Each Disbursement this Period 48.32	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 05 / 12 / 2017	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : D665422	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Amount of Each Disbursement this Period 110.46	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

193.10

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 14 Arrow St		FEC Identification Number C [] Transaction ID : D666002 Amount of Each Disbursement this Period [] 16.68	
City Cambridge	State MA	Zip Code 02138-5106	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017	
Mailing Address 14 Arrow St		FEC Identification Number C [] Transaction ID : D666006 Amount of Each Disbursement this Period [] 365.36	
City Cambridge	State MA	Zip Code 02138-5106	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017	
Mailing Address 14 Arrow St		FEC Identification Number C [] Transaction ID : D666089 Amount of Each Disbursement this Period [] 267.85	
City Cambridge	State MA	Zip Code 02138-5106	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

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

[] 649.89
[]

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 09 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D666904 Amount of Each Disbursement this Period 273.95
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 09 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D666905 Amount of Each Disbursement this Period 53.80
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 14 Arrow St		FEC Identification Number C Transaction ID : D667462 Amount of Each Disbursement this Period 135.59
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
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:		

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

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

463.34

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017	
Mailing Address 14 Arrow St		FEC Identification Number C [] Transaction ID : D667463 Amount of Each Disbursement this Period [] 1335.49	
City Cambridge	State MA	Zip Code 02138-5106	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 14 Arrow St		FEC Identification Number C [] Transaction ID : D667464 Amount of Each Disbursement this Period [] 208.35	
City Cambridge	State MA	Zip Code 02138-5106	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017	
Mailing Address 99 Jefferson Rd MS 220		FEC Identification Number C [] Transaction ID : D667364 Amount of Each Disbursement this Period [] 90.70	
City Parsippany	State NJ	Zip Code 07054-2815	Category/ Type []
Purpose of Disbursement Payroll Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1634.54
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)
VOTEVETS

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 09 / 2017

FEC Identification Number: C
Transaction ID : D666795
Amount of Each Disbursement this Period: 90.70

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 19 / 2017

FEC Identification Number: C
Transaction ID : D665996
Amount of Each Disbursement this Period: 90.70

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 05 / 2017

FEC Identification Number: C
Transaction ID : D665315
Amount of Each Disbursement this Period: 90.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 272.10

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)
VOTEVETS

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 21 / 2017

FEC Identification Number: C

Transaction ID : D665182

Amount of Each Disbursement this Period: 90.70

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C

Transaction ID : D664550

Amount of Each Disbursement this Period: 90.70

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 06 / 2017

FEC Identification Number: C

Transaction ID : D662765

Amount of Each Disbursement this Period: 85.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 267.16

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)
VOTEVETS

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 20 / 2017

FEC Identification Number: C

Transaction ID : D662766

Amount of Each Disbursement this Period: 90.70

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 25 / 2017

FEC Identification Number: C

Transaction ID : D662767

Amount of Each Disbursement this Period: 84.25

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 10 / 2017

FEC Identification Number: C

Transaction ID : D662768

Amount of Each Disbursement this Period: 90.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 265.65

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)
VOTEVETS

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2017

FEC Identification Number: C

Transaction ID : D662769

Amount of Each Disbursement this Period: 90.70

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 10 / 2017

FEC Identification Number: C

Transaction ID : D662770

Amount of Each Disbursement this Period: 90.70

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 99 Jefferson Rd
MS 220

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 24 / 2017

FEC Identification Number: C

Transaction ID : D662771

Amount of Each Disbursement this Period: 90.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 272.10

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)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 56 E 42nd St

City
New York

State
NY

Zip Code
10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662762

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 56 E 42nd St

City
New York

State
NY

Zip Code
10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662763

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 56 E 42nd St

City
New York

State
NY

Zip Code
10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662764

Amount of Each Disbursement this Period

[REDACTED] 25.50

Memo Item

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

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

[REDACTED] 75.50

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number

C

Transaction ID : D664114

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2017

FEC Identification Number

C

Transaction ID : D666076

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2017

FEC Identification Number

C

Transaction ID : D665241

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

75.00

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Cherniack, Emily, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 26 Boylston St Apt 1				
City Jamaica Plain	State MA	Zip Code 02130-2187	FEC Identification Number C	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : D665993	
Candidate Name			Amount of Each Disbursement this Period 1250.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. Cherniack, Emily, , ,			Date of Disbursement MM / DD / YYYY 04 / 12 / 2017	
Mailing Address 26 Boylston St Apt 1				
City Jamaica Plain	State MA	Zip Code 02130-2187	FEC Identification Number C	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : D664860	
Candidate Name			Amount of Each Disbursement this Period 1250.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Cherniack, Emily, , ,			Date of Disbursement MM / DD / YYYY 05 / 15 / 2017	
Mailing Address 26 Boylston St Apt 1				
City Jamaica Plain	State MA	Zip Code 02130-2187	FEC Identification Number C	
Purpose of Disbursement Political Strategy Consulting Services			Transaction ID : D665416	
Candidate Name			Amount of Each Disbursement this Period 1250.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

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

3750.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Cherniack, Emily, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 26 Boylston St Apt 1		FEC Identification Number C [] Transaction ID : D662437 Amount of Each Disbursement this Period [] 1250.00
City Jamaica Plain	State MA	Zip Code 02130-2187
Purpose of Disbursement Political Strategy Consulting Services		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. Cherniack, Emily, , ,		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 26 Boylston St Apt 1		FEC Identification Number C [] Transaction ID : D662443 Amount of Each Disbursement this Period [] 1250.00
City Jamaica Plain	State MA	Zip Code 02130-2187
Purpose of Disbursement Political Strategy Consulting Services		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) C. Eric Schmeltzer		Date of Disbursement MM / DD / YYYY 01 / 12 / 2017
Mailing Address 75 Sutton St # 1		FEC Identification Number C [] Transaction ID : D662968 Amount of Each Disbursement this Period [] 206.00
City Brooklyn	State NY	Zip Code 11222-4403
Purpose of Disbursement Communication Services		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)..... ▶

[] 2706.00

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)
VOTEVETS

A. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number: C
Transaction ID : D662969
Amount of Each Disbursement this Period: 206.00

Memo Item

B. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2017

FEC Identification Number: C
Transaction ID : D662970
Amount of Each Disbursement this Period: 206.00

Memo Item

C. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number: C
Transaction ID : D662971
Amount of Each Disbursement this Period: 206.00

Memo Item

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

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

618.00

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Eric Schmeltzer			Date of Disbursement MM / DD / YYYY 03 / 14 / 2017	
Mailing Address 75 Sutton St # 1			FEC Identification Number C [] Transaction ID : D662972 Amount of Each Disbursement this Period [] 206.00	
City Brooklyn	State NY	Zip Code 11222-4403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communication Services		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:				

Full Name (Last, First, Middle Initial) B. Eric Schmeltzer			Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 75 Sutton St # 1			FEC Identification Number C [] Transaction ID : D662973 Amount of Each Disbursement this Period [] 206.00	
City Brooklyn	State NY	Zip Code 11222-4403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communication Services		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:				

Full Name (Last, First, Middle Initial) C. Eric Schmeltzer			Date of Disbursement MM / DD / YYYY 04 / 27 / 2017	
Mailing Address 75 Sutton St # 1			FEC Identification Number C [] Transaction ID : D665185 Amount of Each Disbursement this Period [] 206.00	
City Brooklyn	State NY	Zip Code 11222-4403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communication Services		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:				

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

[] 618.00

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)
VOTEVETS

A. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : D664882

Amount of Each Disbursement this Period: 206.00

Memo Item

B. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 12 / 2017

FEC Identification Number: C

Transaction ID : D665419

Amount of Each Disbursement this Period: 206.00

Memo Item

C. Eric Schmeltzer

Full Name (Last, First, Middle Initial)

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communication Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C

Transaction ID : D665999

Amount of Each Disbursement this Period: 206.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 618.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Eric Schmeltzer		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 75 Sutton St # 1		FEC Identification Number C Transaction ID : D666799 Amount of Each Disbursement this Period 206.00
City Brooklyn	State NY	
Zip Code 11222-4403		Memo Item <input type="checkbox"/>
Purpose of Disbursement Communication Services		
Candidate Name		Category/Type <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. Eric Schmeltzer		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 75 Sutton St # 1		FEC Identification Number C Transaction ID : D667459 Amount of Each Disbursement this Period 206.00
City Brooklyn	State NY	
Zip Code 11222-4403		Memo Item <input type="checkbox"/>
Purpose of Disbursement Communication Services		
Candidate Name		Category/Type <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) C. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017
Mailing Address PO Box 75357		FEC Identification Number C Transaction ID : D665994 Amount of Each Disbursement this Period 781.00
City Washington	State DC	
Zip Code 20013-0357		Memo Item <input type="checkbox"/>
Purpose of Disbursement Compliance Services		
Candidate Name		Category/Type <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:		

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

1193.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017	
Mailing Address PO Box 75357		FEC Identification Number C [] Transaction ID : D664111 Amount of Each Disbursement this Period [] 649.00	
City Washington	State DC	Zip Code 20013-0357	Category/ Type []
Purpose of Disbursement Compliance Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address PO Box 75357		FEC Identification Number C [] Transaction ID : D665239 Amount of Each Disbursement this Period [] 1052.70	
City Washington	State DC	Zip Code 20013-0357	Category/ Type []
Purpose of Disbursement Compliance Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017	
Mailing Address PO Box 75357		FEC Identification Number C [] Transaction ID : D662438 Amount of Each Disbursement this Period [] 245.30	
City Washington	State DC	Zip Code 20013-0357	Category/ Type []
Purpose of Disbursement Compliance Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1947.00
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017	
Mailing Address PO Box 75357		FEC Identification Number C [REDACTED] Transaction ID : D662730 Amount of Each Disbursement this Period [REDACTED] 762.30	
City Washington	State DC	Zip Code 20013-0357	Category/ Type [REDACTED]
Purpose of Disbursement Compliance Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 02 / 06 / 2017	
Mailing Address 2800 E Commerce Center PI		FEC Identification Number C [REDACTED] Transaction ID : D662772 Amount of Each Disbursement this Period [REDACTED] 67.76	
City Tucson	State AZ	Zip Code 85706-4559	Category/ Type [REDACTED]
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 02 / 07 / 2017	
Mailing Address 2800 E Commerce Center PI		FEC Identification Number C [REDACTED] Transaction ID : D662773 Amount of Each Disbursement this Period [REDACTED] 38.72	
City Tucson	State AZ	Zip Code 85706-4559	Category/ Type [REDACTED]
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

868.78

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)
VOTEVETS

A. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2017

FEC Identification Number: C

Transaction ID : D662958

Amount of Each Disbursement this Period: 350.00

Memo Item

B. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number: C

Transaction ID : D662959

Amount of Each Disbursement this Period: 350.00

Memo Item

C. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number: C

Transaction ID : D662960

Amount of Each Disbursement this Period: 350.00

Memo Item

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

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

1050.00

**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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. MacDonald, Leslie, , ,		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 1111 Locust St		FEC Identification Number C [] Transaction ID : D662961 Amount of Each Disbursement this Period [] 350.00	
City Philadelphia	State PA	Zip Code 19107-5869	Category/Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. MacDonald, Leslie, , ,		Date of Disbursement MM / DD / YYYY 04 / 27 / 2017	
Mailing Address 1111 Locust St		FEC Identification Number C [] Transaction ID : D665183 Amount of Each Disbursement this Period [] 350.00	
City Philadelphia	State PA	Zip Code 19107-5869	Category/Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. MacDonald, Leslie, , ,		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017	
Mailing Address 1111 Locust St		FEC Identification Number C [] Transaction ID : D665417 Amount of Each Disbursement this Period [] 350.00	
City Philadelphia	State PA	Zip Code 19107-5869	Category/Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1050.00
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)
VOTEVETS

A. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : D664880

Amount of Each Disbursement this Period: 350.00

Memo Item

B. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C

Transaction ID : D666798

Amount of Each Disbursement this Period: 350.00

Memo Item

C. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C

Transaction ID : D665998

Amount of Each Disbursement this Period: 350.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1050.00

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)
VOTEVETS

A. MacDonald, Leslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Locust St

City Philadelphia State PA Zip Code 19107-5869

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 29 / 2017

FEC Identification Number C

Transaction ID : D667458

Amount of Each Disbursement this Period 350.00

Memo Item

B. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 29 / 2017

FEC Identification Number C

Transaction ID : D667457

Amount of Each Disbursement this Period 200.00

Memo Item

C. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2017

FEC Identification Number C

Transaction ID : D666796

Amount of Each Disbursement this Period 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Mellman, Peter, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017	
Mailing Address 4518 N Kerby Ave		FEC Identification Number C [] Transaction ID : D665997 Amount of Each Disbursement this Period [] 200.00	
City Portland	State OR	Zip Code 97217-3042	Category/ Type []
Purpose of Disbursement Operation Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Mellman, Peter, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 4518 N Kerby Ave		FEC Identification Number C [] Transaction ID : D664881 Amount of Each Disbursement this Period [] 200.00	
City Portland	State OR	Zip Code 97217-3042	Category/ Type []
Purpose of Disbursement Operation Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Mellman, Peter, , ,		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017	
Mailing Address 4518 N Kerby Ave		FEC Identification Number C [] Transaction ID : D665418 Amount of Each Disbursement this Period [] 200.00	
City Portland	State OR	Zip Code 97217-3042	Category/ Type []
Purpose of Disbursement Operation Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 600.00
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

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)
VOTEVETS

A. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2017

FEC Identification Number: C

Transaction ID : D665184

Amount of Each Disbursement this Period: 200.00

Memo Item

B. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2017

FEC Identification Number: C

Transaction ID : D662962

Amount of Each Disbursement this Period: 200.00

Memo Item

C. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C

Transaction ID : D662963

Amount of Each Disbursement this Period: 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 600.00

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)
VOTEVETS

A. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2017

FEC Identification Number: C

Transaction ID : D662964

Amount of Each Disbursement this Period: 200.00

Memo Item

B. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2017

FEC Identification Number: C

Transaction ID : D662965

Amount of Each Disbursement this Period: 200.00

Memo Item

C. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Operation Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : D662966

Amount of Each Disbursement this Period: 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 600.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Mellman, Peter, , ,		Date of Disbursement MM / DD / YYYY 01 / 12 / 2017	
Mailing Address 4518 N Kerby Ave		FEC Identification Number C [] Transaction ID : D662967 Amount of Each Disbursement this Period [] 200.00	
City Portland	State OR	Zip Code 97217-3042	Category/ Type []
Purpose of Disbursement Operation Services			
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. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017	
Mailing Address 1101 15th Street NW Suite 500		FEC Identification Number C [] Transaction ID : D662731 Amount of Each Disbursement this Period [] 1050.00	
City Washington	State DC	Zip Code 20005-3521	Category/ Type []
Purpose of Disbursement Database Software & Support			
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) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017	
Mailing Address 1101 15th Street NW Suite 500		FEC Identification Number C [] Transaction ID : D665181 Amount of Each Disbursement this Period [] 1050.00	
City Washington	State DC	Zip Code 20005-3521	Category/ Type []
Purpose of Disbursement Database Software & Support			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2300.00
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)
VOTEVETS

A. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2017

FEC Identification Number: C

Transaction ID : D665186

Amount of Each Disbursement this Period: 242.00

Memo Item

B. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : D664883

Amount of Each Disbursement this Period: 242.00

Memo Item

C. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2017

FEC Identification Number: C

Transaction ID : D665420

Amount of Each Disbursement this Period: 242.00

Memo Item

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

726.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Soltz, Jonathan, , ,			Date of Disbursement MM / DD / YYYY 06 / 14 / 2017	
Mailing Address 4380 King St Apt 1605				
City Alexandria	State VA	Zip Code 22032		
Purpose of Disbursement Strategic Management Services		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D666800 Amount of Each Disbursement this Period 242.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. Soltz, Jonathan, , ,			Date of Disbursement MM / DD / YYYY 05 / 30 / 2017	
Mailing Address 4380 King St Apt 1605				
City Alexandria	State VA	Zip Code 22032		
Purpose of Disbursement Strategic Management Services		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D666000 Amount of Each Disbursement this Period 242.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. Soltz, Jonathan, , ,			Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 4380 King St Apt 1605				
City Alexandria	State VA	Zip Code 22032		
Purpose of Disbursement Strategic Management Services		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : D662950 Amount of Each Disbursement this Period 242.00	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			726.00	
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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Soltz, Jonathan, , ,		Date of Disbursement MM / DD / YYYY 03 / 14 / 2017	
Mailing Address 4380 King St Apt 1605		FEC Identification Number C [] Transaction ID : D662951 Amount of Each Disbursement this Period [] 242.00	
City Alexandria	State VA	Zip Code 22032	Category/ Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Soltz, Jonathan, , ,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017	
Mailing Address 4380 King St Apt 1605		FEC Identification Number C [] Transaction ID : D662952 Amount of Each Disbursement this Period [] 242.00	
City Alexandria	State VA	Zip Code 22032	Category/ Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Soltz, Jonathan, , ,		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017	
Mailing Address 4380 King St Apt 1605		FEC Identification Number C [] Transaction ID : D662953 Amount of Each Disbursement this Period [] 242.00	
City Alexandria	State VA	Zip Code 22032	Category/ Type []
Purpose of Disbursement Strategic Management Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 726.00
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)
VOTEVETS

A. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : D662954

Amount of Each Disbursement this Period: 242.00

Memo Item

B. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2017

FEC Identification Number: C

Transaction ID : D662955

Amount of Each Disbursement this Period: 242.00

Memo Item

C. Soltz, Jonathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4380 King St Apt 1605

City Alexandria State VA Zip Code 22032

Purpose of Disbursement Strategic Management Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2017

FEC Identification Number: C

Transaction ID : D667460

Amount of Each Disbursement this Period: 242.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 726.00

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)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Strathdee Group			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017		
Mailing Address PO Box 15096			FEC Identification Number C [] Transaction ID : D662458 Amount of Each Disbursement this Period [] 710.60		
City Washington	State DC	Zip Code 20003-0096	Category/Type []		
Purpose of Disbursement Fundraising Consulting Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) B. Strathdee Group			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017		
Mailing Address PO Box 15096			FEC Identification Number C [] Transaction ID : D662442 Amount of Each Disbursement this Period [] 2500.00		
City Washington	State DC	Zip Code 20003-0096	Category/Type []		
Purpose of Disbursement Fundraising Consulting Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) C. Strathdee Group			Date of Disbursement MM / DD / YYYY 06 / 05 / 2017		
Mailing Address PO Box 15096			FEC Identification Number C [] Transaction ID : D666086 Amount of Each Disbursement this Period [] 1440.16		
City Washington	State DC	Zip Code 20003-0096	Category/Type []		
Purpose of Disbursement Fundraising Consulting Services			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 4650.76		
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)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Strathdee Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address PO Box 15096

FEC Identification Number

C

Transaction ID : D666087
Amount of Each Disbursement this Period

2500.00

City Washington State DC Zip Code 20003-0096

Purpose of Disbursement
Fundraising Consulting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Strathdee Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2017

Mailing Address PO Box 15096

FEC Identification Number

C

Transaction ID : D664539
Amount of Each Disbursement this Period

2500.00

City Washington State DC Zip Code 20003-0096

Purpose of Disbursement
Fundraising Consulting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Strathdee Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2017

Mailing Address PO Box 15096

FEC Identification Number

C

Transaction ID : D664540
Amount of Each Disbursement this Period

427.70

City Washington State DC Zip Code 20003-0096

Purpose of Disbursement
Fundraising Consulting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

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

5427.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Strathdee Group

Mailing Address PO Box 15096

City
Washington

State
DC

Zip Code
20003-0096

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D665316

Amount of Each Disbursement this Period

[REDACTED] 1465.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Strathdee Group

Mailing Address PO Box 15096

City
Washington

State
DC

Zip Code
20003-0096

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D665240

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D665187

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

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

[REDACTED] 4243.59

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D664879 Amount of Each Disbursement this Period [REDACTED] 2304.23
City Washington	State DC	Zip Code 20036-1343
Purpose of Disbursement Digital Consulting Services		Category/ Type [REDACTED]
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. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D666001 Amount of Each Disbursement this Period [REDACTED] 278.00
City Washington	State DC	Zip Code 20036-1343
Purpose of Disbursement Digital Consulting Services		Category/ Type [REDACTED]
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) C. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D666797 Amount of Each Disbursement this Period [REDACTED] 278.00
City Washington	State DC	Zip Code 20036-1343
Purpose of Disbursement Digital Consulting Services		Category/ Type [REDACTED]
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).....▶	[REDACTED] 2860.23
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D665421

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662944

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662945

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

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

[REDACTED] 834.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662946

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662947

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tagaris, Tim, , ,

Mailing Address 1735 P St NW

City
Washington

State
DC

Zip Code
20036-1343

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D662948

Amount of Each Disbursement this Period

[REDACTED] 278.00

Memo Item

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

[REDACTED] 834.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D662949 Amount of Each Disbursement this Period [REDACTED] 278.00	
City Washington	State DC	Zip Code 20036-1343	Category/ Type [REDACTED]
Purpose of Disbursement Digital Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017	
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D667461 Amount of Each Disbursement this Period [REDACTED] 278.00	
City Washington	State DC	Zip Code 20036-1343	Category/ Type [REDACTED]
Purpose of Disbursement Digital Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. UpShift Strategies, Inc.		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 2108 Military Rd		FEC Identification Number C [REDACTED] Transaction ID : D665179 Amount of Each Disbursement this Period [REDACTED] 5000.00	
City Arlington	State VA	Zip Code 22207-3925	Category/ Type [REDACTED]
Purpose of Disbursement Communications Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5556.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Mellman, Peter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4518 N Kerby Ave

City Portland State OR Zip Code 97217-3042

Purpose of Disbursement Reimbursement - Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 22 / 2017

FEC Identification Number: C

Transaction ID : D667351

Amount of Each Disbursement this Period: 49.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	49.00
TOTAL This Period (last page this line number only).....▶	55588.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. Chrissy Houlahan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 222

M M M	/	D D D	/	Y Y Y Y Y
06		19		2017

City DEVON State PA Zip Code 19333

FEC Identification Number

Purpose of Disbursement Contribution

C	C00637371
---	-----------

Candidate Name
HOULAHAN, CHRISSEY, , ,

Category/Type

Transaction ID : **D667310**

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 06

5000.00

Memo Item

B. Gallego for Arizona

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1710

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City PHOENIX State AZ Zip Code 85001

FEC Identification Number

Purpose of Disbursement Contribution

C	C00558627
---	-----------

Candidate Name
GALLEGO, RUBEN, , ,

Category/Type

Transaction ID : **D662743**

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: AZ District: 07

2500.00

Memo Item

C. Gallego for Arizona

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1710

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

City PHOENIX State AZ Zip Code 85001

FEC Identification Number

Purpose of Disbursement Contribution

C	C00558627
---	-----------

Candidate Name
GALLEGO, RUBEN, , ,

Category/Type

Transaction ID : **D666080**

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: AZ District: 07

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Helmer for Congress		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 14001C SAINT GERMAIN DR STE 802		FEC Identification Number C00636738 Transaction ID : D667315 Amount of Each Disbursement this Period 5000.00
City CENTREVILLE	State VA	Zip Code 20121
Purpose of Disbursement Contribution		Category/ Type
Candidate Name HELMER, DANIEL, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 10	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JASON CROW FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address PO BOX 32145		FEC Identification Number C00637363 Transaction ID : D667319 Amount of Each Disbursement this Period 5000.00
City AURORA	State CO	Zip Code 80041
Purpose of Disbursement Contribution		Category/ Type
Candidate Name CROW, JASON, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 06	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. JIMMY PANETTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address PO BOX 1579		FEC Identification Number C00592154 Transaction ID : D666081 Amount of Each Disbursement this Period 2500.00
City CARMEL VALLEY	State CA	Zip Code 93924
Purpose of Disbursement Contribution		Category/ Type
Candidate Name PANETTA, JIMMY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. JIMMY PANETTA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1579

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement
Contribution

Candidate Name
PANETTA, JIMMY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 20

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00592154

Transaction ID : **D662752**

Amount of Each Disbursement this Period

2500.00

Memo Item

B. JOSH BUTNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1446

City ESCONDIDO State CA Zip Code 92033

Purpose of Disbursement
Contribution

Candidate Name
BUTNER, JOSH, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: CA District: 50

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2017

FEC Identification Number

C C00637389

Transaction ID : **D667325**

Amount of Each Disbursement this Period

5000.00

Memo Item

C. KELLY MCCARTHY FOR MONTANA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 21053

City BILLINGS State MT Zip Code 59104

Purpose of Disbursement
Contribution

Candidate Name
MCCARTHY, KELLY, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: MT District: 01 Convention

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2017

FEC Identification Number

C C00631929

Transaction ID : **D662439**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. MIKIE SHERRILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 43032

M M M	/	D D D	/	Y Y Y Y Y
06		19		2017

City MONTCLAIR State NJ Zip Code 07043

FEC Identification Number

Purpose of Disbursement Contribution

C	C00640003
---	-----------

Candidate Name SHERRILL, REBECCA MICHELLE, , ,

Transaction ID : D667359

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 11

5000.00

Memo Item

B. MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 611 PENNSYLVANIA AVE SE STE 143

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

C	C00507574
---	-----------

Transaction ID : D662754

Amount of Each Disbursement this Period

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

2500.00

Memo Item

C. MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 611 PENNSYLVANIA AVE SE STE 143

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

C	C00507574
---	-----------

Transaction ID : D666082

Amount of Each Disbursement this Period

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

2500.00

Memo Item

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

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

10000.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. MOULTON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2013

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City SALEM State MA Zip Code 01970

FEC Identification Number

Purpose of Disbursement Contribution

C	C00547240
---	-----------

Candidate Name
MOULTON, SETH, , ,

Category/Type

Transaction ID : **D662755**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 06

2500.00

Memo Item

B. NARRAGANSETT BAY PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 8628

M M M	/	D D D	/	Y Y Y Y Y
06		22		2017

City CRANSTON State RI Zip Code 02920

FEC Identification Number

Purpose of Disbursement Contribution

C	C00403592
---	-----------

Candidate Name

Category/Type

Transaction ID : **D667296**

Amount of Each Disbursement this Period

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

2500.00

Memo Item

C. Patrick Ryan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2113

M M M	/	D D D	/	Y Y Y Y Y
06		19		2017

City Kingston State NY Zip Code 12402-2113

FEC Identification Number

Purpose of Disbursement Contribution

C	C00647115
---	-----------

Candidate Name
Ryan, Patrick, , ,

Category/Type

Transaction ID : **D667299**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 19

5000.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. PERIMETER PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 59251

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2017

FEC Identification Number: C00544254
Transaction ID : D662441
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Randy Bryce for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 44404

City Racine State WI Zip Code 53404-7007

Purpose of Disbursement Contribution

Candidate Name Bryce, Randy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WI District: 01

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: C00647537
Transaction ID : D667295
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. SALUD CARBAJAL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1290

City SANTA BARBARA State CA Zip Code 93102

Purpose of Disbursement Contribution

Candidate Name CARBAJAL, SALUD, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 24

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number: C00576041
Transaction ID : D662756
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. SALUD CARBAJAL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1290

City SANTA BARBARA State CA Zip Code 93102

Purpose of Disbursement Contribution

Candidate Name CARBAJAL, SALUD, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 24

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00576041
Transaction ID : D666084
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. SERVE AMERICA PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2013

City SALEM State MA Zip Code 01970

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00571174
Transaction ID : D666085
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. TED LIEU FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 16633 VENTURA BLVD # 1008

City ENCINO State CA Zip Code 91436

Purpose of Disbursement Contribution

Candidate Name LIEU, TED, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 33

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00556506
Transaction ID : D666088
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10000.00

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)
A. TED LIEU FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2017

Mailing Address 16633 VENTURA BLVD # 1008

City ENCINO State CA Zip Code 91436

Purpose of Disbursement Contribution

Candidate Name LIEU, TED, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 33

FEC Identification Number: C00556506
Transaction ID : D662757
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tulsi for Hawaii

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2017

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement Contribution

Candidate Name GABBARD, TULSI, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: HI District: 02

FEC Identification Number: C00497396
Transaction ID : D662761
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	110000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Bank of America			Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 17 / 2017	
Mailing Address 56 E 42nd St			FEC Identification Number C [] Transaction ID : D662781 Amount of Each Disbursement this Period [] 55.44 Non-Contribution Account <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10017-5407	Category/Type []	
Purpose of Disbursement Bank Fees			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. Bank of America			Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 15 / 2017	
Mailing Address 56 E 42nd St			FEC Identification Number C [] Transaction ID : D662782 Amount of Each Disbursement this Period [] 32.51 Non-Contribution Account <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10017-5407	Category/Type []	
Purpose of Disbursement Bank Fees			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) C. Bank of America			Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 15 / 2017	
Mailing Address 56 E 42nd St			FEC Identification Number C [] Transaction ID : D662783 Amount of Each Disbursement this Period [] 34.05 Non-Contribution Account <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10017-5407	Category/Type []	
Purpose of Disbursement Bank Fees			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)..... ▶			[] 122.00	
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2017

FEC Identification Number

C []

Transaction ID : D666794

Amount of Each Disbursement this Period

[] 32.02

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C []

Transaction ID : D665415

Amount of Each Disbursement this Period

[] 36.57

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 56 E 42nd St

City New York State NY Zip Code 10017-5407

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

C []

Transaction ID : D665005

Amount of Each Disbursement this Period

[] 31.93

Non-Contribution Account

Memo Item

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

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

[] 100.52

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial)

A. Blue State Digital

Mailing Address 101 Avenue of the Americas
FI 12

City New York State NY Zip Code 10013-1905

Purpose of Disbursement
Website Services

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D666793

Amount of Each Disbursement this Period

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

B. Evans & Katz LLC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement
Compliance Services

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D662435

Amount of Each Disbursement this Period

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CONNIE PILLICH

Mailing Address PO Box 429268

City Cincinnati State OH Zip Code 45242-9268

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D662737

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. FRIENDS OF CONNIE PILLICH		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address PO Box 429268		FEC Identification Number C [REDACTED] Transaction ID : D667312 Amount of Each Disbursement this Period 5200.00
City Cincinnati	State OH	Zip Code 45242-9268
Purpose of Disbursement Non-Federal Contribution		Category/Type [REDACTED]
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. Northam for Governor		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017
Mailing Address PO Box 16249		FEC Identification Number C [REDACTED] Transaction ID : D662440 Amount of Each Disbursement this Period 5000.00
City Arlington	State VA	Zip Code 22215-1249
Purpose of Disbursement Non-Federal Contribution		Category/Type [REDACTED]
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) C. Northam for Governor		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017
Mailing Address PO Box 16249		FEC Identification Number C [REDACTED] Transaction ID : D666083 Amount of Each Disbursement this Period 5000.00
City Arlington	State VA	Zip Code 22215-1249
Purpose of Disbursement Non-Federal Contribution		Category/Type [REDACTED]
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).....▶	15200.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOTEVETS

Full Name (Last, First, Middle Initial) A. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2017	
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D662436 Amount of Each Disbursement this Period 10000.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20036-1343	Category/ Type [REDACTED]
Purpose of Disbursement Digital Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Tagaris, Tim, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2017	
Mailing Address 1735 P St NW		FEC Identification Number C [REDACTED] Transaction ID : D662780 Amount of Each Disbursement this Period 2424.18 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20036-1343	Category/ Type [REDACTED]
Purpose of Disbursement Digital Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. UpShift Strategies, Inc.		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017	
Mailing Address 2108 Military Rd		FEC Identification Number C [REDACTED] Transaction ID : D665992 Amount of Each Disbursement this Period 5000.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Arlington	State VA	Zip Code 22207-3925	Category/ Type [REDACTED]
Purpose of Disbursement Communications Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	17424.18
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOTEVETS

A. UpShift Strategies, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2108 Military Rd

City Arlington State VA Zip Code 22207-3925

Purpose of Disbursement Communications Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 04 / 2017

FEC Identification Number: C

Transaction ID : D664113

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	45515.00