

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SUNRISE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24835.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1693.00"/>	<input type="text" value="37967.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="26528.45"/>	<input type="text" value="37967.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="101.85"/>	<input type="text" value="11540.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26426.60"/>	<input type="text" value="26426.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="11882.91"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SUNRISE PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	831.00	35831.00
(ii) Unitemized	862.00	2136.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1693.00	37967.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1693.00	37967.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1693.00	37967.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1693.00	37967.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	81.85	7313.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	81.85	7313.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20.00	554.86
24. Independent Expenditures (use Schedule E)	0.00	252.06
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3420.16
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)) ..	101.85	11540.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101.85	11540.40

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1693.00	37967.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1693.00	37967.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	81.85	7313.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	81.85	7313.32

**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 14
<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)
SUNRISE PAC

A. Huerta, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1639 Thumb Point Drive
 City Fort Pierce State FL Zip Code 34949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Down to Earth Occupation (for Individual) Landscaper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.4398
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martinez del Rio, Cormac, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 douglas dr
 City Laramie State WY Zip Code 82070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1502.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.4415
 Amount of Each Receipt this Period 2.00
 Memo Item

C. Maunus, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 Southwest Saint Andrews Drive
 City Palm City State FL Zip Code 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.4355
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	507.00
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 7 OF 14
(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)
SUNRISE PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tohuvavohu, Aaron, , ,

Mailing Address 310 W 85st 4B

City New York	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Penn State University	Occupation (for Individual) Scientist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2018

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
324.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	324.00
TOTAL This Period (last page this line number only).....▶	831.00

**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)
SUNRISE PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 366 Summer Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4457
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Vendor processing fees		Amount of Each Disbursement this Period 27.83
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" 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 10 / 12 / 2018
Mailing Address 366 Summer Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4459
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Vendor processing fee.		Amount of Each Disbursement this Period 39.02
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [REDACTED]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	66.85
TOTAL This Period (last page this line number only).....▶	66.85

**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)
SUNRISE PAC

Full Name (Last, First, Middle Initial) A. Bryce, Randy, , ,		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address PO Box 44404		FEC Identification Number C H8WIO1123 Transaction ID : SB23.4466
City Racine	State WI	Zip Code 53404
Purpose of Disbursement	Category/ Type 012	Amount of Each Disbursement this Period 5.00
Candidate Name Bryce, Randy, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 01	

Full Name (Last, First, Middle Initial) B. Eastman, Kara, , ,		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 16411 Marcy St.		FEC Identification Number C H8NE02220 Transaction ID : SB23.4472
City Omaha	State NE	Zip Code 68118
Purpose of Disbursement	Category/ Type 012	Amount of Each Disbursement this Period 5.00
Candidate Name Eastman, Kara, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District: 02	

Full Name (Last, First, Middle Initial) C. Omar, Ilhan, , ,		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address 400 South 4th Street Suite 401-200		FEC Identification Number C H8MN05239 Transaction ID : SB23.4470
City Minneapolis	State MN	Zip Code 55415
Purpose of Disbursement	Category/ Type 012	Amount of Each Disbursement this Period 5.00
Candidate Name Omar, Ilhan, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 05	

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

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

15.00

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)
SUNRISE PAC

A. Tlaib, Rashida, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 32777

City Detroit State MI Zip Code 48232

Purpose of Disbursement 012 Category/Type

Candidate Name **Tlaib, Rashida, , ,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: **C H8MI13250**
Transaction ID : SB23.4473

Amount of Each Disbursement this Period: 5.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

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 Category/Type

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).....▶	5.00
TOTAL This Period (last page this line number only).....▶	20.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 14
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
SUNRISE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stanger, Howard, Samuel, ,			Nature of Debt (Purpose): Overpayment for website
Mailing Address 500 Ocean Ave Apt #5J			
City Brookyn	State NY	Zip Code 11226	

Outstanding Balance Beginning This Period		Transaction ID : SD9.4179	
3.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	3.00
2) TOTALS This Period (last page this line number only)..... ▶	3.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	3.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
SUNRISE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Pay for staff time for in-kind contributions to nonfederal candidates.
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 267.17	Transaction ID : SD10.4158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 267.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Pay for staff time for independent expenditures in support of federal candidates.
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 425.42	Transaction ID : SD10.4159	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 425.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Staff time for federal independent expenditures.
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 209.87	Transaction ID : SD10.4212	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 209.87

1) SUBTOTALS This Period This Page (optional)..... ▶	902.46
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
SUNRISE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Staff time for non-federal candidates (IE).
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 2447.89	Transaction ID : SD10.4315	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2447.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Staff time for non-federal independent expenditures (PA).
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 1372.08	Transaction ID : SD10.4316	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1372.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): Staff time for federal independent expenditures (MI, FL).
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 1169.92	Transaction ID : SD10.4318	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1169.92

1) SUBTOTALS This Period This Page (optional)..... ▶	4989.89
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
SUNRISE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise			Nature of Debt (Purpose): In-kind contributions for non-federal candidates (NY).
Mailing Address 50 F Street NW STE 700			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4323	
5990.56			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5990.56	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	5990.56
2) TOTALS This Period (last page this line number only)..... ▶	11882.91
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	11882.91