

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NO LABELS ACTION, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value=""/>	<input type="text" value="109897.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="889565.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1233027.00"/>	<input type="text" value="2048364.30"/>
(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="2122592.81"/>	<input type="text" value="2158261.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="403239.30"/>	<input type="text" value="438908.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1719353.51"/>	<input type="text" value="1719353.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

NO LABELS ACTION, INC.

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1227500.00	2027500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1227500.00	2027500.00
(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)	1227500.00	2027500.00
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).....	5527.00	20864.30
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)).....▶	1233027.00	2048364.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1233027.00	2048364.30

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	385539.30	421208.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	385539.30	421208.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	17700.00	17700.00
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).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	403239.30	438908.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	403239.30	438908.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1227500.00	2027500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1227500.00	2027500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	385539.30	421208.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5527.00	20864.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	380012.30	400343.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)
NO LABELS ACTION, INC.

A. BOWDEN, J, MURRY, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1780 S POST OAK LANE

City HOUSTON	State TX	Zip Code 77056
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HANOVER COMPANY	Occupation (for Individual) FOUNDER, CHAIRMAN & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2019

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
100000.00

Memo Item

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

Mailing Address PO BOX 5910

City AVON	State CO	Zip Code 81620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GUARDIAN SCHOLARS	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2019

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
10000.00

Memo Item

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

Mailing Address 3 WINTHROP ST

City WEST NEWTON	State MA	Zip Code 02465-2308
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GREAT HILL PARTNERS, LLC	Occupation (for Individual) MANAGING PARTNER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2019

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
100000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210000.00
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 30
	<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)
NO LABELS ACTION, INC.

A. GOTTESMAN, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 MAIN ST
STE 103

City CHATHAM State NJ Zip Code 07928

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

Name of Employer (for Individual) GOTTESMAN REAL ESTATE PARTNERS Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2019

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
 100000.00

Memo Item

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

Mailing Address 15 WHITE OAK ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer (for Individual) ABRYPARTNERS Occupation (for Individual) MANAGING PARTNER AND CO-CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2019

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
 100000.00

Memo Item

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

Mailing Address 2200 VICTORY AVE
#1502

City DALLAS State TX Zip Code 75219

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2019

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period
 75000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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)
NO LABELS ACTION, INC.

A. HERTZ, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 UNITED DRIVE SE
 City SMYRNA State GA Zip Code 30082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED DISTRIBUTORS Occupation (for Individual) PRESIDENT AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 01 / 2019
Transaction ID : SA11AI.4744
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. MILCH, RANDAL, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 WASHINGTON SQ. SOUTH
 City NEW YORK State NY Zip Code 10012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU SCHOOL OF LAW Occupation (for Individual) PROFESSOR OF PRACTICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 11 / 25 / 2019
Transaction ID : SA11AI.4763
 Amount of Each Receipt this Period 15000.00
 Memo Item

C. PENNER, CARRIE, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1860
 City BENTONVILLE State AR Zip Code 72712-1860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EDUCATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 11 / 22 / 2019
Transaction ID : SA11AI.4759
 Amount of Each Receipt this Period 12500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	127500.00
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 30
<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)
NO LABELS ACTION, INC.

A. PENNER, GREGORY, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1860
 City BENTONVILLE State AR Zip Code 72712-1860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MADRONE CAPITAL PARTNERS Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 11 / 22 / 2019
Transaction ID : SA11AI.4761
 Amount of Each Receipt this Period 12500.00
 Memo Item

B. SOLOMON, PETER, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1345 AVE AMERICAS FL 31
 City NEW YORK State NY Zip Code 10105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PJ SOLOMON, LP Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 12 / 30 / 2019
Transaction ID : SA11AI.4774
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. SONNENFELDT, MICHAEL, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 CENTRAL PARK WEST 10 D
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIGER21 Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 12 / 03 / 2019
Transaction ID : SA11AI.4764
 Amount of Each Receipt this Period 250000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312500.00
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 30
	<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)
NO LABELS ACTION, INC.

A. TAYEH, DAVID, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 CLINTON STREET
 City BROOKLYN State NY Zip Code 11231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INVESTCORP INTERNATIONAL, INC. Occupation (for Individual) PRIVATE EQUITY INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 07 / 05 / 2019
Transaction ID : SA11AI.4740
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. VRADENBURG, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 K STREET NW SUITE 400
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VRADENBURG FOUNDATION Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 30 / 2019
Transaction ID : SA11AI.4742
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. WALTON, CHRISTY, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1860
 City BENTONVILLE State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHILANTHROPIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 21 / 2019
Transaction ID : SA11AI.4757
 Amount of Each Receipt this Period 100000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	202500.00
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 30
	<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)
NO LABELS ACTION, INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALTON, JAMES, M., ,

Mailing Address PO BOX 1860

City BENTONVILLE	State AR	Zip Code 80401-0725
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) NON-PROFIT SECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2019

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address PO BOX 1860

City BENTONVILLE	State AR	Zip Code 72712
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHILANTHROPIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2019

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
50000.00

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)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100000.00
TOTAL This Period (last page this line number only).....	1227500.00

**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 12 OF 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. ADVANCED MICRO TARGETING INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5730 FOREST LN

City DALLAS	State TX	Zip Code 75230
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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 ▼
2187.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2019

Transaction ID : SA15.4748

Amount of Each Receipt this Period
2187.00

Memo Item
VENDOR REFUND: OVERPAYMENT

B. ADVANCED MICRO TARGETING INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5730 FOREST LN

City DALLAS	State TX	Zip Code 75230
----------------	-------------	-------------------

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 ▼
5527.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2019

Transaction ID : SA15.4749

Amount of Each Receipt this Period
3340.00

Memo Item
VENDOR REFUND: OVERPAYMENT

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).....▶	5527.00
TOTAL This Period (last page this line number only).....▶	5527.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [] Transaction ID : SB21B.4679 Amount of Each Disbursement this Period [] 1207.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 07 / 16 / 2019
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [] Transaction ID : SB21B.4680 Amount of Each Disbursement this Period [] 20973.65
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 09 / 30 / 2019
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [] Transaction ID : SB21B.4681 Amount of Each Disbursement this Period [] 3872.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 26052.65

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

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

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

Full Name (Last, First, Middle Initial) A. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 10 / 11 / 2019	
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682 Amount of Each Disbursement this Period 4192.50	
City WASHINGTON	State DC	Zip Code 20006	Category/ Type
Purpose of Disbursement LEGAL CONSULTING		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. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019	
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4683 Amount of Each Disbursement this Period 312.00	
City WASHINGTON	State DC	Zip Code 20006	Category/ Type
Purpose of Disbursement LEGAL CONSULTING		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. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019	
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4684 Amount of Each Disbursement this Period 2051.50	
City WASHINGTON	State DC	Zip Code 20006	Category/ Type
Purpose of Disbursement LEGAL CONSULTING		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).....▶	6556.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4685 Amount of Each Disbursement this Period 5190.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BLANK ROME LLP		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 1825 EYE STREET NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4686 Amount of Each Disbursement this Period 5256.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4687 Amount of Each Disbursement this Period 1203.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11649.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE			Date of Disbursement MM / DD / YYYY 08 / 06 / 2019	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY		State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>	
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) ▼		<input type="text"/>	
State: District:			FEC Identification Number C <input type="text"/> Transaction ID : SB21B.4688 Amount of Each Disbursement this Period <input type="text"/> 1200.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE			Date of Disbursement MM / DD / YYYY 09 / 03 / 2019	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY		State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>	
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) ▼		<input type="text"/>	
State: District:			FEC Identification Number C <input type="text"/> Transaction ID : SB21B.4689 Amount of Each Disbursement this Period <input type="text"/> 1200.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE			Date of Disbursement MM / DD / YYYY 09 / 30 / 2019	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY		State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>	
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) ▼		<input type="text"/>	
State: District:			FEC Identification Number C <input type="text"/> Transaction ID : SB21B.4690 Amount of Each Disbursement this Period <input type="text"/> 1200.00 <input type="checkbox"/> Memo Item	

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

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

<input type="text"/> 3600.00
<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4691 Amount of Each Disbursement this Period [] 1200.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4692 Amount of Each Disbursement this Period [] 1202.50
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.4693 Amount of Each Disbursement this Period [] 1200.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

3602.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. CENTRE LAW & CONSULTING

Full Name (Last, First, Middle Initial)

Mailing Address 8330 BOONE BLVD
STE 300

City TYSONS State VA Zip Code 22182

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 26 / 2019

FEC Identification Number
C
Transaction ID : SB21B.4695
Amount of Each Disbursement this Period
9980.74

Memo Item

B. CENTRE LAW & CONSULTING

Full Name (Last, First, Middle Initial)

Mailing Address 8330 BOONE BLVD
STE 300

City TYSONS State VA Zip Code 22182

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 26 / 2019

FEC Identification Number
C
Transaction ID : SB21B.4696
Amount of Each Disbursement this Period
14315.00

Memo Item

C. CENTRE LAW & CONSULTING

Full Name (Last, First, Middle Initial)

Mailing Address 8330 BOONE BLVD
STE 300

City TYSONS State VA Zip Code 22182

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
12 / 23 / 2019

FEC Identification Number
C
Transaction ID : SB21B.4697
Amount of Each Disbursement this Period
6555.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 30850.74

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CENTRE LAW & CONSULTING		Date of Disbursement MM / DD / YYYY 12 / 23 / 2019
Mailing Address 8330 BOONE BLVD STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4698 Amount of Each Disbursement this Period 29357.50
City TYSONS	State VA	Zip Code 22182
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COPY EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019
Mailing Address 923 ELM ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4735 Amount of Each Disbursement this Period 260.00
City MANCHESTER	State NH	Zip Code 03101
Purpose of Disbursement FIRST BANKCARD PMT [SB21B.4709]:PRINTING 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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COPY EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2019
Mailing Address 923 ELM ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4736 Amount of Each Disbursement this Period 359.00
City MANCHESTER	State NH	Zip Code 03101
Purpose of Disbursement FIRST BANKCARD PMT [SB21B.4709]:PRINTING 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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	29357.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4701 Amount of Each Disbursement this Period [] 1801.25
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement ACCOUNTING 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. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4702 Amount of Each Disbursement this Period [] 5356.25
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement ACCOUNTING 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. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 10 / 11 / 2019
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4703 Amount of Each Disbursement this Period [] 2373.75
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement ACCOUNTING 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).....▶	[] 9531.25
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019	
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4704 Amount of Each Disbursement this Period [] 2580.00	
City VIENNA	State VA	Zip Code 22182	Category/Type []
Purpose of Disbursement ACCOUNTING 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. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019	
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4705 Amount of Each Disbursement this Period [] 1760.00	
City VIENNA	State VA	Zip Code 22182	Category/Type []
Purpose of Disbursement ACCOUNTING 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. CORDIA PARTNERS		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019	
Mailing Address 8330 BOONE BLVD. STE 350		FEC Identification Number C [] Transaction ID : SB21B.4706 Amount of Each Disbursement this Period [] 2360.00	
City VIENNA	State VA	Zip Code 22182	Category/Type []
Purpose of Disbursement ACCOUNTING 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).....▶	[] 6700.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FEDEX OFFICE PRINT & SHIP CENTER		Date of Disbursement MM / DD / YYYY 09 / 26 / 2019
Mailing Address 1850 M ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4733 Amount of Each Disbursement this Period [REDACTED] 10.82
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement FIRST BANKCARD PMT [SB21B.4709]:DELIVERY 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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FEDEX OFFICE PRINT & SHIP CENTER		Date of Disbursement MM / DD / YYYY 10 / 15 / 2019
Mailing Address 1850 M ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4737 Amount of Each Disbursement this Period [REDACTED] 17.20
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement FIRST BANKCARD PMT [SB21B.4708]:DELIVERY 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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement MM / DD / YYYY 11 / 06 / 2019
Mailing Address P.O. BOX 2818		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4738 Amount of Each Disbursement this Period [REDACTED] 40.75
City OMAHA	State NE	Zip Code 68103-2818
Purpose of Disbursement FIRST BANKCARD PMT [SB21B.4708]:BANK FEE		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 checked="" type="checkbox"/> Memo Item	

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

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

[REDACTED] 0.00
[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)
NO LABELS ACTION, INC.

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address P.O. BOX 2818

City
OMAHA

State
NE

Zip Code
68103-2818

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
12			04			2019			

FEC Identification Number

C

Transaction ID : SB21B.4709

Amount of Each Disbursement this Period

629.82

Memo Item

Full Name (Last, First, Middle Initial)

B. GS STRATEGY GROUP

Mailing Address 800 W. MAIN STREET
SUITE 1420

City
BOISE

State
ID

Zip Code
83702

Purpose of Disbursement
CONSULTANT EXPENSES: TRAVEL

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
08			02			2019			

FEC Identification Number

C

Transaction ID : SB21B.4710

Amount of Each Disbursement this Period

1167.04

Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRITY MERCHANT SOLUTIONS

Mailing Address 116 OAK STREET 2ND FLR

City
GLASTONBURY

State
CT

Zip Code
06033

Purpose of Disbursement
MERCHANT 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
07			03			2019			

FEC Identification Number

C

Transaction ID : SB21B.4712

Amount of Each Disbursement this Period

1072.85

Memo Item

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

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

2869.71

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. INTEGRITY MERCHANT SOLUTIONS

Mailing Address 116 OAK STREET 2ND FLR

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4713
Amount of Each Disbursement this Period
35.10

Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRITY MERCHANT SOLUTIONS

Mailing Address 116 OAK STREET 2ND FLR

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4714
Amount of Each Disbursement this Period
435.35

Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRITY MERCHANT SOLUTIONS

Mailing Address 116 OAK STREET 2ND FLR

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4715
Amount of Each Disbursement this Period
35.10

Memo Item

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

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

505.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARINE LANE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2019
Mailing Address 320 5TH AVENUE SUITE 509		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4719 Amount of Each Disbursement this Period [REDACTED] 375.00
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement PRINTING 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. MARINE LANE		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 320 5TH AVENUE SUITE 509		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4720 Amount of Each Disbursement this Period [REDACTED] 1537.50
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement PRINTING 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. MARINE LANE		Date of Disbursement MM / DD / YYYY 12 / 23 / 2019
Mailing Address 320 5TH AVENUE SUITE 509		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4721 Amount of Each Disbursement this Period [REDACTED] 300.00
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement PRINTING 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] 2212.50
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)
NO LABELS ACTION, INC.

Full Name (Last, First, Middle Initial)

A. PAYTRACE

Mailing Address 12709 E. MIRABEAU PARKWAY, BDG A
SUITE 100

City SPOKANE VALLEY State WA Zip Code 99216

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4726
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYTRACE

Mailing Address 12709 E. MIRABEAU PARKWAY, BDG A
SUITE 100

City SPOKANE VALLEY State WA Zip Code 99216

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4727
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYTRACE

Mailing Address 12709 E. MIRABEAU PARKWAY, BDG A
SUITE 100

City SPOKANE VALLEY State WA Zip Code 99216

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
12 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4728
Amount of Each Disbursement this Period
10.00

Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WINSTON & STRAWN LLP		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019	
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4730 Amount of Each Disbursement this Period [] 250000.00	
City NEW YORK	State NY	Zip Code 10166-4193	Category/ Type []
Purpose of Disbursement LEGAL CONSULTING		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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
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).....▶	[] 250000.00
TOTAL This Period (last page this line number only).....▶	[] 385371.15

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee ADVANCED MICRO TARGETING
Mailing Address 5757 ALPHA RD. SUITE 501
City DALLAS State TX Zip Code 75240
Purpose of Expenditure CANVASSING
Name of Federal Candidate: GOTTHEIMER, JOSH, , , Support
Office Sought: House District: 05 State: NJ
Disbursement For: Primary
Amount 9000.00
Transaction ID: SE.4664
Date of Disbursement or Obligation 07/08/2019

Full Name of Payee ADVANCED MICRO TARGETING
Mailing Address 5757 ALPHA RD. SUITE 501
City DALLAS State TX Zip Code 75240
Purpose of Expenditure CANVASSING
Name of Federal Candidate: FITZPATRICK, BRIAN, , , Support
Office Sought: House District: 01 State: PA
Disbursement For: Primary
Amount 6000.00
Transaction ID: SE.4666
Date of Disbursement or Obligation 07/08/2019

(a) SUBTOTAL of Itemized Independent Expenditures 15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date 01/28/2020

Signature

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

NAME OF COMMITTEE (In Full) NO LABELS ACTION, INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00680983 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item ADVANCED MICRO TARGETING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 12 / 2019		
Mailing Address 5757 ALPHA RD. SUITE 501			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 900.00 </div>		
City DALLAS	State TX	Zip Code 75240			
Purpose of Expenditure PRINTING: FLYERS		Category/ Type 	Transaction ID : SE.4667 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2019		
Name of Federal Candidate: FITZPATRICK, BRIAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 6900.00 </div>					

Full Name of Payee <input type="checkbox"/> Memo Item ADVANCED MICRO TARGETING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 12 / 2019		
Mailing Address 5757 ALPHA RD. SUITE 501			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1800.00 </div>		
City DALLAS	State TX	Zip Code 75240			
Purpose of Expenditure PRINTING: FLYERS		Category/ Type 	Transaction ID : SE.4668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2019		
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: NJ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 10800.00 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2700.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 00.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 17700.00 </div>

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

RIDDLE, CLARINE, NARDI, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 28 / 2020

Signature