

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 Freedom Partners Action Fund, Inc.

ADDRESS (number and street) 2300 Wilson Blvd. Ste. 500 ARLINGTON VA 22201 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00564765 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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) [X] 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 [ ] / [ ] / [ ] in the State of [ ] (d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Maxwell, Thomas, F., , III

Type or Print Name of Treasurer

Signature of Treasurer Maxwell, Thomas, F., , III [Electronically Filed] Date 01 / 31 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Freedom Partners Action Fund, 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="2017"/>	<input type="text" value=""/>	<input type="text" value="95217.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="610216.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6062317.92"/>	<input type="text" value="6659021.88"/>
(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="6672533.97"/>	<input type="text" value="6754238.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1150307.23"/>	<input type="text" value="1232012.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5522226.74"/>	<input type="text" value="5522226.74"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="7309.82"/>	

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

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Page 3

Write or Type Committee Name

**Freedom Partners Action Fund, Inc.**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 2017

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6060500.00	6310500.00
(ii) Unitemized .....	1817.92	1892.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6062317.92	6312392.92
(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) .....	6062317.92	6312392.92
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	346628.96
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)).....▶	6062317.92	6659021.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6062317.92	6659021.88

**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 .....	112421.43	194126.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	112421.43	194126.44
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) .....	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).....	1037885.80	1037885.80
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)) ..	1150307.23	1232012.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1150307.23	1232012.24

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6062317.92	6312392.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6062317.92	6312392.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	112421.43	194126.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	346628.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	112421.43	- 152502.52

**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 38
	(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

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NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

**A. CHILDS, JOHN, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 SAGO PALM ROAD

City VERO BEACH	State FL	Zip Code 32963-3702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) J. W. CHILDS ASSOCIATES	Occupation (for Individual) CHAIRMAN & PARTNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : SA11A.1827**

Amount of Each Receipt this Period  
125000.00

Memo Item  
CONTRIBUTION

**B. CORRIGAN, FREDRIC, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 5050

City CAREFREE	State AZ	Zip Code 85377-5050
------------------	-------------	------------------------

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

Name of Employer (for Individual) OSTARA	Occupation (for Individual) CHAIRMAN OF THE BOARD
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2017

**Transaction ID : SA11A.1825**

Amount of Each Receipt this Period  
150000.00

Memo Item  
CONTRIBUTION

**C. DEASON, DARWIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8181 DOUGLAS  
UNIT 1000

City DALLAS	State TX	Zip Code 75225-6548
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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 ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

**Transaction ID : SA11A.1914**

Amount of Each Receipt this Period  
150000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425000.00
<b>TOTAL</b> 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 38
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. GILLIAM, RICHARD, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4295 LOUISA ROAD

City KESWICK	State VA	Zip Code 22947-2301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CUMBERLAND DEVELOPMENT	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.1828**

Amount of Each Receipt this Period  
1000000.00

Memo Item  
CONTRIBUTION

**B. KIRKE, GERALD, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5465 MILLS CIVIC PARKWAY  
STE. 400

City WEST DES MOINES	State IA	Zip Code 50266-5321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KIRKE FINANCIAL	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

**Transaction ID : SA11A.1839**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

**C. KLESSE, WILLIAM, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 TURNBERRY WAY

City SAN ANTONIO	State TX	Zip Code 78230-5651
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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 ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

**Transaction ID : SA11A.1835**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1120000.00
<b>TOTAL</b> 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 38
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. LAMP, DAVE, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 ST. LAURENT CT.  
 City SOUTHLAKE State TX Zip Code 76092-5874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHERN TIER ENERGY Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.1830**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 CONTRIBUTION

**B. LAUFER, WAYNE, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4989 JOEWOOD DRIVE  
 City SANIBEL State FL Zip Code 33957-7511  
 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 ▼ 400000.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11A.1837**  
 Amount of Each Receipt this Period 400000.00  
 Memo Item  
 CONTRIBUTION

**C. LEWIS, TOM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5751 N YUCCA ROAD  
 City PARADISE VALLEY State AZ Zip Code 85253-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TW LEWIS CO. Occupation (for Individual) HOME BUILDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.1843**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550000.00
<b>TOTAL</b> 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 38
<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)  
**Freedom Partners Action Fund, Inc.**

**A. POPOLO, JOE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9002 DOUGLAS AVENUE

City DALLAS	State TX	Zip Code 75225-3009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FREEMAN	Occupation (for Individual) CEO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

**Transaction ID : SA11A.1832**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. SLAWSON, STEPHEN, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1606 CAMDEN WAY

City NICHOLS HILLS	State OK	Zip Code 73116-5518
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SLAWSON EXPLORATION CO., INC.	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

**Transaction ID : SA11A.1831**

Amount of Each Receipt this Period  
30000.00

Memo Item  
CONTRIBUTION

**C. SUTTON, NICK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3465 N PINES WAY  
STE. #104, PMB 70

City WILSON	State WY	Zip Code 83014-9129
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOLUTE ENERGY	Occupation (for Individual) EXECUTIVE CHAIRMAN & DIRECTOR
--	--

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
10	/	03	/	2017

**Transaction ID : SA11A.1841**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155000.00
<b>TOTAL</b> 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 38
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. WILSEY, MICHAEL, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 193532  
 City SAN FRANCISCO State CA Zip Code 94119-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILSEY-BENNETT, INC. Occupation (for Individual) CHAIRMAN OF THE BOARD & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11A.1838**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. YOUNG, RICHARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 WESLEY DR APT J  
 City ASHEVILLE State NC Zip Code 28803-2969  
 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 500.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.1872**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. CHARLES G. KOCH 1997 TRUST**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5004  
 City WICHITA State KS Zip Code 67201-5004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KOCH INDUSTRIES, INC. Occupation (for Individual) CHAIRMAN OF THE BOARD & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3000000.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.1833**  
 Amount of Each Receipt this Period 3000000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3010500.00
<b>TOTAL</b> 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 38
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. EDWARD J. ROBSON FAMILY TRUST**

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

Mailing Address 9532 EAST RIGGS ROAD

City SUN LAKES	State AZ	Zip Code 85248-7463
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBSON COMMUNITIES	Occupation (for Individual) FOUNDER, CHAIRMAN, CEO
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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
10		03		2017

**Transaction ID : SA11A.1840**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**B. HUNTER-DOOLEY FAMILY TRUST**

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

Mailing Address 4700 STOCKDALE HIGHWAY  
STE. 120

City BAKERSFIELD	State CA	Zip Code 93309-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VAQUERO ENERGY	Occupation (for Individual) EXECUTIVE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2017

**Transaction ID : SA11A.1857**

Amount of Each Receipt this Period  
125000.00

Memo Item  
CONTRIBUTION

**C. KENT C MCCARTHY REVOCABLE TRUST**

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

Mailing Address 4 MILTON PLACE

City RANCHO MIRAGE	State CA	Zip Code 92270-
-----------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

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

**Transaction ID : SA11A.1834**

Amount of Each Receipt this Period  
250000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475000.00
<b>TOTAL</b> 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 38
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. RICHARD T. WEISS 2006 LIVING TRUST**

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

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE	State IL	Zip Code 60521-2956
------------------	-------------	------------------------

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

Name of Employer (for Individual) WELLS CAPITAL MANAGEMENT	Occupation (for Individual) INVESTMENT MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.1913**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. THE BRADBURY CO., INC.**

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

Mailing Address 1200 E COLE ST

City MOUNDRIDGE	State KS	Zip Code 67107-8803
--------------------	-------------	------------------------

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 ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

**Transaction ID : SA11A.1836**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. THE GEORGE W. GIBBS III LIVING TRUST**

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

Mailing Address 5005 YACHT CLUB ROAD

City JACKSONVILLE	State FL	Zip Code 32210-8321
----------------------	-------------	------------------------

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 ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.1917**

Amount of Each Receipt this Period  
150000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225000.00
<b>TOTAL</b> 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 13 OF 38  
(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)  
**Freedom Partners Action Fund, Inc.**

**A. THE GINN FAMILY TRUST DTD 8/7/85 SAMUEL L. GINN, TTEE**

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

Mailing Address 1700 S EL CAMINO REAL  
STE. 410

City SAN MATEO	State CA	Zip Code 94402-3050
-------------------	-------------	------------------------

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 ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

**Transaction ID : SA11A.1842**

Amount of Each Receipt this Period  

100000.00
-----------

Memo Item  
CONTRIBUTION

**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
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6060500.00

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)  
**A. ALEXANDER & MACGREGOR, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			20			2017					

Mailing Address 4912 FORTY-THIRD PLACE, NW

City WASHINGTON State DC Zip Code 20016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1141**  
 Amount of Each Disbursement this Period  
 [ ] 5000.00

Purpose of Disbursement  
DIRECT MAIL EXPENSE

[ ]  
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AUTHORIZE.NET**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
07			05			2017					

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1068**  
 Amount of Each Disbursement this Period  
 [ ] 54.90

Purpose of Disbursement  
CREDIT CARD FEES

[ ]  
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)  
**C. AUTHORIZE.NET**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
08			02			2017					

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1079**  
 Amount of Each Disbursement this Period  
 [ ] 54.90

Purpose of Disbursement  
CREDIT CARD FEES

[ ]  
Category/Type

Candidate Name

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

Memo Item

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

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

[ ] 5109.80

[ ]

# 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

### A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1099  
Amount of Each Disbursement this Period  
55.02

Memo Item

Full Name (Last, First, Middle Initial)

### B. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
CREDIT CARD 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 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1107  
Amount of Each Disbursement this Period  
54.90

Memo Item

Full Name (Last, First, Middle Initial)

### C. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
CREDIT CARD 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 / 04 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1137  
Amount of Each Disbursement this Period  
54.90

Memo Item

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

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

164.82

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
CREDIT CARD 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 Y  
11 / 02 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1150  
Amount of Each Disbursement this Period  
54.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y  
07 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1088  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y  
08 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1089  
Amount of Each Disbursement this Period  
236.00

Memo Item

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

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

490.90

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1102  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1146  
Amount of Each Disbursement this Period  
254.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1147  
Amount of Each Disbursement this Period  
200.00

Memo Item

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

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

654.00

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. BB&T BANK**

Mailing Address 2200 WILSON BLVD.  
STE. 200

City ARLINGTON State VA Zip Code 22201

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

M M / D D / Y Y Y Y Y  
12 / 21 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1148

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD 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 Y  
07 / 17 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1074

Amount of Each Disbursement this Period

[REDACTED] 56.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD 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 Y  
08 / 15 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1087

Amount of Each Disbursement this Period

[REDACTED] 56.90

Memo Item

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

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

[REDACTED] 313.80

[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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD 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 Y Y  
09 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I1100

Amount of Each Disbursement this Period

909.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD 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 Y Y  
10 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I1110

Amount of Each Disbursement this Period

74.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD 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 Y Y  
11 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I1131

Amount of Each Disbursement this Period

56.90

Memo Item

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

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

1040.85

**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 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)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City  
WILSON

State  
NC

Zip Code  
27894

Purpose of Disbursement  
CREDIT CARD 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
12			15			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1149**

Amount of Each Disbursement this Period

[ ] 71.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. BKD, LLP**

Mailing Address 1201 WALNUT STREET  
STE. 1700

City  
KANSAS CITY

State  
MO

Zip Code  
64106

Purpose of Disbursement  
ACCOUNTING 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
08			30			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1094**

Amount of Each Disbursement this Period

[ ] 978.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE MANAGEMENT

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
07			10			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1071**

Amount of Each Disbursement this Period

[ ] 1000.23

Memo Item

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

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

[ ] 2050.13

[ ]

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	8		2	0	1	7		

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

FEC Identification Number

C

**Transaction ID : SB21B.I1084**

Amount of Each Disbursement this Period

1000.23

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	5		2	0	1	7		

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

FEC Identification Number

C

**Transaction ID : SB21B.I1098**

Amount of Each Disbursement this Period

1000.23

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	0		2	0	1	7		

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

FEC Identification Number

C

**Transaction ID : SB21B.I1108**

Amount of Each Disbursement this Period

1000.23

Memo Item

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

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

3000.69

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1118**  
Amount of Each Disbursement this Period  
1000.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1133**  
Amount of Each Disbursement this Period  
1000.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONRAD DIRECT**

Mailing Address 300 KNICKERBOCKER ROAD

City CRESSKILL State NJ Zip Code 07626

Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1134**  
Amount of Each Disbursement this Period  
4860.60

Memo Item

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

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

6861.06

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. CT CORPORATION</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address PO BOX 4349		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1119</b> Amount of Each Disbursement this Period [ ] 380.00
City CAROL STREAM	State IL	Zip Code 60197
Purpose of Disbursement FILING FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 2200 WILSON BLVD. STE. 102-533		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1076</b> Amount of Each Disbursement this Period [ ] 3000.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 2200 WILSON BLVD. STE. 102-533		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1083</b> Amount of Each Disbursement this Period [ ] 3000.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1096**  
 Amount of Each Disbursement this Period  
 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1105**  
 Amount of Each Disbursement this Period  
 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1123**  
 Amount of Each Disbursement this Period  
 3000.00

Memo Item

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

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

9000.00

**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)  
**Freedom Partners Action Fund, Inc.**

**A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

City ARLINGTON State VA Zip Code 22201

FEC Identification Number

Purpose of Disbursement OFFICE SPACE, UTILITIES, PERSONNEL, IT

C
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Transaction ID : SB21B.I1138  
Amount of Each Disbursement this Period

Candidate Name

Category/Type
---------------

3000.00
---------

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

<input type="checkbox"/> Memo Item
------------------------------------

**B. GODADDY.COM**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 14455 N HAYDEN ROAD  
STE. 219

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2017

City SCOTTSDALE State AZ Zip Code 85260

FEC Identification Number

Purpose of Disbursement INTERNET EXPENSE

C
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Transaction ID : SB21B.I1080  
Amount of Each Disbursement this Period

Candidate Name

Category/Type
---------------

324.93
--------

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

<input type="checkbox"/> Memo Item
------------------------------------

**C. GODADDY.COM**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 14455 N HAYDEN ROAD  
STE. 219

M M M	/	D D D	/	Y Y Y Y Y
10	/	18	/	2017

City SCOTTSDALE State AZ Zip Code 85260

FEC Identification Number

Purpose of Disbursement INTERNET EXPENSE

C
---

Transaction ID : SB21B.I1111  
Amount of Each Disbursement this Period

Candidate Name

Category/Type
---------------

8.17
------

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

<input type="checkbox"/> Memo Item
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3333.10
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**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 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. I360</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 29374 NETWORK PLACE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1116</b>
City CHICAGO	State IL	Zip Code 60673
Purpose of Disbursement MEDIA CONSULTING		Amount of Each Disbursement this Period [ ] 10000.00
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:		

Full Name (Last, First, Middle Initial) <b>B. IN PURSUIT OF</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 2300 WILSON BLVD. 5TH FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1077</b>
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [ ] 1000.00
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:		

Full Name (Last, First, Middle Initial) <b>C. IN PURSUIT OF</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 2300 WILSON BLVD. 5TH FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1082</b>
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [ ] 1000.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. IN PURSUIT OF</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address 2300 WILSON BLVD. 5TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1097</b>
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [REDACTED] 1000.00
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:		

Full Name (Last, First, Middle Initial) <b>B. IN PURSUIT OF</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017
Mailing Address 2300 WILSON BLVD. 5TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1106</b>
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [REDACTED] 1000.00
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:		

Full Name (Last, First, Middle Initial) <b>C. IN PURSUIT OF</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 2300 WILSON BLVD. 5TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1117</b>
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [REDACTED] 7000.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 9000.00
<b>TOTAL</b> 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)  
**Freedom Partners Action Fund, Inc.**

**A. IN PURSUIT OF**

Full Name (Last, First, Middle Initial)

Mailing Address 2300 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1124

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. IN PURSUIT OF**

Full Name (Last, First, Middle Initial)

Mailing Address 2300 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1139

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. MAILCHIMP**

Full Name (Last, First, Middle Initial)

Mailing Address 512 MEANS STREET  
STE. 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement EMAIL MARKETING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1078

Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2030.00

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

### A. MAILCHIMP

Mailing Address 512 MEANS STREET  
STE. 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
EMAIL MARKETING SERVICES

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.I1090

Amount of Each Disbursement this Period

[ ] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. MAILCHIMP

Mailing Address 512 MEANS STREET  
STE. 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
EMAIL MARKETING SERVICES

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.I1103

Amount of Each Disbursement this Period

[ ] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. MAILCHIMP

Mailing Address 512 MEANS STREET  
STE. 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
EMAIL MARKETING SERVICES

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.I1113

Amount of Each Disbursement this Period

[ ] 30.00

Memo Item

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

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

[ ] 90.00

[ ]

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	1	7

Mailing Address 512 MEANS STREET  
STE. 404

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1135**  
Amount of Each Disbursement this Period  
[ ] 30.00

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
EMAIL MARKETING SERVICES

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	1	7

Mailing Address 512 MEANS STREET  
STE. 404

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1151**  
Amount of Each Disbursement this Period  
[ ] 30.00

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
EMAIL MARKETING SERVICES

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAXIMUM COMPLIANCE, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	7

Mailing Address 4703 WOODWAY LANE, NW

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1075**  
Amount of Each Disbursement this Period  
[ ] 1336.50

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
BOOKKEEPING/COMPLIANCE

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

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

[ ] 1396.50

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MAXIMUM COMPLIANCE, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017	
Mailing Address 4703 WOODWAY LANE, NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1081</b> Amount of Each Disbursement this Period [ ] 1786.00	
City WASHINGTON	State DC	Zip Code 20016	Category/ Type [ ]
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		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>B. MAXIMUM COMPLIANCE, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017	
Mailing Address 4703 WOODWAY LANE, NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1095</b> Amount of Each Disbursement this Period [ ] 3012.52	
City WASHINGTON	State DC	Zip Code 20016	Category/ Type [ ]
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		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>C. MAXIMUM COMPLIANCE, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017	
Mailing Address 4703 WOODWAY LANE, NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1104</b> Amount of Each Disbursement this Period [ ] 1917.25	
City WASHINGTON	State DC	Zip Code 20016	Category/ Type [ ]
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6715.77
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MAXIMUM COMPLIANCE, LLC</b>			Date of Disbursement MM / DD / YYYYYY 11 / 08 / 2017	
Mailing Address 4703 WOODWAY LANE, NW				
City WASHINGTON	State DC	Zip Code 20016	FEC Identification Number C Transaction ID : SB21B.I1125 Amount of Each Disbursement this Period 4709.50 <input type="checkbox"/> Memo Item	
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		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>B. MAXIMUM COMPLIANCE, LLC</b>			Date of Disbursement MM / DD / YYYYYY 12 / 04 / 2017	
Mailing Address 4703 WOODWAY LANE, NW				
City WASHINGTON	State DC	Zip Code 20016	FEC Identification Number C Transaction ID : SB21B.I1140 Amount of Each Disbursement this Period 4009.50 <input type="checkbox"/> Memo Item	
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		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>C. PLANET DIRECT</b>			Date of Disbursement MM / DD / YYYYYY 11 / 10 / 2017	
Mailing Address 7251 COPPERMINE DRIVE				
City MANASSAS	State VA	Zip Code 20109	FEC Identification Number C Transaction ID : SB21B.I1128 Amount of Each Disbursement this Period 8876.03 <input type="checkbox"/> Memo Item	
Purpose of Disbursement DIRECT MAIL EXPENSE		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17595.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
21b [x] 22 [ ] 23 [ ] 26 [ ] 27 [ ]
28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b [ ]

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. PLANET DIRECT
Full Name (Last, First, Middle Initial)
Mailing Address 7251 COPPERMINE DRIVE
City MANASSAS State VA Zip Code 20109
Purpose of Disbursement DIRECT MAIL EXPENSE
Candidate Name
Office Sought: House [ ] Senate [ ] President [ ]
Disbursement For: Primary [ ] General [ ] Other (specify) [ ]
State: District:
Date of Disbursement 12 / 22 / 2017
FEC Identification Number C
Transaction ID : SB21B.I1145
Amount of Each Disbursement this Period 11453.39
Memo Item [ ]

B. PSAV
Full Name (Last, First, Middle Initial)
Mailing Address 2 E 55TH STREET
City NEW YORK State NY Zip Code 10022
Purpose of Disbursement EVENT EXPENSE - AUDIO VISUAL
Candidate Name
Office Sought: House [ ] Senate [ ] President [ ]
Disbursement For: Primary [ ] General [ ] Other (specify) [ ]
State: District:
Date of Disbursement 10 / 13 / 2017
FEC Identification Number C
Transaction ID : SB21B.I1109
Amount of Each Disbursement this Period 653.25
Memo Item [ ]

C. US POSTAL SERVICE
Full Name (Last, First, Middle Initial)
Mailing Address MERRIFIELD
8409 LEE HIGHWAY
City MERRIFIELD State VA Zip Code 22116
Purpose of Disbursement DIRECT MAIL EXPENSE
Candidate Name
Office Sought: House [ ] Senate [ ] President [ ]
Disbursement For: Primary [ ] General [ ] Other (specify) [ ]
State: District:
Date of Disbursement 09 / 15 / 2017
FEC Identification Number C
Transaction ID : SB21B.I1101
Amount of Each Disbursement this Period 910.00
Memo Item [ ]

SUBTOTAL of Disbursements This Page (optional)..... 13016.64
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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO INSURANCE SERVICES USA, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017	
Mailing Address PO BOX 203014		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1072</b> Amount of Each Disbursement this Period 9977.05	
City DALLAS	State TX	Zip Code 75320	Category/ Type
Purpose of Disbursement INSURANCE		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>B. WELLS FARGO INSURANCE SERVICES USA, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017	
Mailing Address PO BOX 203014		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1093</b> Amount of Each Disbursement this Period 820.47	
City DALLAS	State TX	Zip Code 75320	Category/ Type
Purpose of Disbursement INSURANCE		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>C. WELLS FARGO INSURANCE SERVICES USA, INC.</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address PO BOX 203014		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1142</b> Amount of Each Disbursement this Period 820.47	
City DALLAS	State TX	Zip Code 75320	Category/ Type
Purpose of Disbursement INSURANCE		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	11617.99
<b>TOTAL</b> This Period (last page this line number only)..... ▶	111861.08

# 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

### A. I360

Mailing Address 29374 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
MEDIA PLACEMENT - DIGITAL

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
10			25			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I1114**  
 Amount of Each Disbursement this Period  
 [ ] 188000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. I360

Mailing Address 29374 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
MEDIA PLACEMENT - BROADCAST/CABLE

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
10			25			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I1115**  
 Amount of Each Disbursement this Period  
 [ ] 825350.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. IN PURSUIT OF

Mailing Address 2300 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

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
11			08			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I1126**  
 Amount of Each Disbursement this Period  
 [ ] 545.40

Memo Item

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

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

[ ] 1013895.40

[ ]

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. IN PURSUIT OF**

Mailing Address 2300 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

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 Y Y  
11 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB29.I1129

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. IN PURSUIT OF**

Mailing Address 2300 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

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 Y Y  
11 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB29.I1132

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SANDLER-INNOZENZI, INC.**

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV/DIGITAL MEDIA PRODUCTION

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 Y Y  
11 / 01 / 2017

FEC Identification Number

C

Transaction ID : SB29.I1121

Amount of Each Disbursement this Period

20840.40

Memo Item

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

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

22590.40

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. SANDLER-INNOCENZI, INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017	
Mailing Address 705 PRINCE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB29.I1122</b> Amount of Each Disbursement this Period [ ] 1200.00	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [ ]
Purpose of Disbursement TV/DIGITAL MEDIA PRODUCTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 1037685.80

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CMDI</b>			Nature of Debt (Purpose): <b>CONTRIBUTION PROCESSING SERVICES</b>
Mailing Address 1593 Spring Hill Road Ste. 400			
City Tysons Corner	State VA	Zip Code 22182	

Outstanding Balance Beginning This Period	<b>Transaction ID : Debt.YE.003</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2449.82"/>	<input type="text" value="0.00"/>	<input type="text" value="2449.82"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Conrad Direct</b>			Nature of Debt (Purpose): <b>DIRECT MAIL EXPENSE</b>
Mailing Address 300 Knickerbocker Road			
City Cresskill	State NJ	Zip Code 07626	

Outstanding Balance Beginning This Period	<b>Transaction ID : Debt.YE.001</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="600.00"/>	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MAXimum Compliance, LLC</b>			Nature of Debt (Purpose): <b>BOOKKEEPING/COMPLIANCE</b>
Mailing Address 4703 Woodway Lane, NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period	<b>Transaction ID : Debt.YE.002</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4260.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4260.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7309.82"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="7309.82"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="7309.82"/>