PAGE 1 / 159

Image# 202007159250121691

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MeidasTouch			
ADDRESS (number and street)	644 S. Figueroa St.		
▼ Check if different			
than previously reported. (ACC)	Los Angeles		CA 90017
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00746073		THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) x Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 0		through 06	M / D D / Y Y Y Y Y 30 2020
I certify that I have examined the	Meiselas, Brett, Meiselas, ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	selas, Brett, Meiselas, ,	[Electronically Filed]	Date 07 / 15 / 2020
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MeidasTouch 06 01 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2020 (b) Cash on Hand at 25124.71 Beginning of Reporting Period..... 163484.63 189542.13 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 189542.13 188609.34 6(a) and 6(c) for Column B)..... 6187.60 7120.39 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 182421.74 182421.74 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1510.42 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

N A	_ : _	ไลรไ	-	
IN /I	חום	וסכו	വ	ıcn

Report Covering the Period: From: 06 01 2020 To: 06 30 2020						
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	20549.97	44040.07				
(i) Itemized (use Schedule A)	39518.87	41818.87				
(ii) Unitemized	123965.76	147723.26				
(iii) TOTAL (add	12000.10	7 7 7				
Lines 11(a)(i) and (ii)	163484.63	189542.13				
2.1100 11(4)(1) 4.114 (11)	4					
(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	400404.00	189542.13				
Totals to Line 33, page 5)	163484.63	169342.13				
2. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
J. All Loans Hedelved	4 4	4 4				
Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures		4 4				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
5. Refunds of Contributions Made	4 4	4 4				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
3. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,					
(a) Non-Federal Account	0.00	200				
(from Schedule H3)	0.00	0.00				
	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(a) Total Transfers (add 10(a) and 10(b))	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	163484.63	189542.13				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	163484.63	189542.13				
	45 45	4 4				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Odiolidai Todi to Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	4 4	4 4		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	6037.60	6970.39		
(c) Total Operating Expenditures	6037.60	6970.39		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	6037.00	0370.09		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00			
(use Schedule E)	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	150.00	150.00		
(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))	150.00	150.00		
. Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	1(20))			
(i) Federal Share	0.00	0.00		
(ii) "Lovin" Chara		222		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6187.60	7120.39		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	6187.60	7400.00		
,	0107.00	7120.39		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
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)	163484.63	189542.13
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163334.63	189392.13
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6037.60	6970.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	6037.60	6970.39

: 97 A = G7 9 @ G B9 C I G'H9 L H F 9 @ 5 H9 8 'HC '5 'F 9 D C F H Ž G7 < 98 I @ 'C F ' ± H9 A ± N 5 H ± C B

Form/Schedule: F3XN Transaction ID :

On July 13, 2020, we notified the FEC that we are filing quarterly; however, the FEC will not allow me file a Quarterly Report covering 4/1/20-6/30/20 due to "overlapping dates"; as such, I am filing this June monthly report which includes all contributions and disbursements through June 30, 2020. Going forward, I will file quarterly.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

159

for each category of the Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave Unit 8 14 2020 City State Zip Code Transaction ID: 1612543 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612543E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave 24 2020 Unit 8 City State Zip Code Transaction ID: 1613808 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 700.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 8 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613808E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave 2020 Unit 8 City State Zip Code Transaction ID: 1615428 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 30 2020 City State Zip Code Transaction ID: 1615428E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE		9	OF	159		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Belsky, Scott, , , Date of Receipt Mailing Address 155 E 79th St 14 2020 City Zip Code State Transaction ID: 1612339 NY New York 10075-0421 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Adobe Executive Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612339E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Berg, Barrie, , , Date of Receipt Mailing Address 2411 2nd Ave 80 2020 City State Zip Code Transaction ID: 1610866 CA San Diego 92101-1507 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self consultant Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FOR LINE NUMBER: PAGE 10 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 80 City Zip Code State Transaction ID: 1610866E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bryne, Richard, , , Date of Receipt Mailing Address 13039 Caminito Del Rocio 06 2020 City State Zip Code Transaction ID: 1615121 CA Del Mar 92014-3623 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615121E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 11 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carey, Drew, , , Date of Receipt Mailing Address 10990 Wilshire Blvd FI 8 06 2020 City State Zip Code Transaction ID: 1611724 CA Los Angeles 90024-3918 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fremantle/CBS TV Host Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1611724E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cohen, Margaret, , , Date of Receipt Mailing Address 130 Woodchester Dr 18 2020 City State Zip Code Transaction ID: 1613173 MA Chestnut Hill 02467-1052 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 12 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613173E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Colkitt, Cindy, , , Date of Receipt Mailing Address 305 W Silberhorn Rd 2020 City State Zip Code Transaction ID: 1610742 WA Sequim 98382-7744 Amount of Each Receipt this Period FEC ID number of contributing 40.99 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 158.48 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colkitt, Cindy, , , Date of Receipt Mailing Address 305 W Silberhorn Rd 26 2020 City State Zip Code Transaction ID: 1610758 WA Sequim 98382-7744 Amount of Each Receipt this Period FEC ID number of contributing C 61.98 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General 220.46 Other (specify) 102.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 13 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dixit, Avinash, , , Date of Receipt Mailing Address 36 Gordon Way 2020 City Zip Code State Transaction ID: 1614277 NJ Princeton 08540-3956 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614277E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Donaghy, Eimear, , , Date of Receipt Mailing Address 50 Crescent Dr 23 2020 City State Zip Code Transaction ID: 1613681 CA Palo Alto 94301-3105 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 14 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613681E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Einowski, Edward, , , Date of Receipt Mailing Address 3150 SW Malcolm Ct 06 2020 City State Zip Code Transaction ID: 1613794 OR Portland 97225-3552 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 25 2020 City State Zip Code Transaction ID: 1613794E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

FOR LINE NUMBER: PAGE 15 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flickinger, Margaret, , , Date of Receipt Mailing Address 8611 Rayburn Rd 2020 City Zip Code State Transaction ID: 1614792 MD Bethesda 20817-3629 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614792E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fryberger, Jeremy, , , Date of Receipt Mailing Address PO Box 4701 10 2020 City Zip Code State Transaction ID: 1611862 ID Ketchum 83340-4740 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self architect Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 16 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 10 City Zip Code State Transaction ID: 1611862E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 2020 City State Zip Code Transaction ID: 1611536 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 07 2020 City State Zip Code Transaction ID: 1611536E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 17 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 04 2020 City Zip Code State Transaction ID: 1611642 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 150.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1611642E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 07 2020 City Zip Code State Transaction ID: 1611799 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 150.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 18 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 07 City Zip Code State Transaction ID: 1611799E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 2020 City State Zip Code Transaction ID: 1613209 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1613209E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

159

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 25 2020 City Zip Code State Transaction ID: 1614014 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614014E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 28 2020 City Zip Code State Transaction ID: 1614974 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 20 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1614974E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gelernt, Karen, , , Date of Receipt Mailing Address 301 E 79th St 2020 City State Zip Code Transaction ID: 1615249 NY New York 10075-0951 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Alston & Bird Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615249E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) **X** 11a 11b 11c

159

OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomer, Adelaide, , , Date of Receipt Mailing Address 513 Wyckoff Rd 14 2020 City Zip Code State Transaction ID: 1612330 NY Ithaca 14850-2309 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Park Foundation President Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612330E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gore, Floyd, , , Date of Receipt Mailing Address 1300 N Poplar St 07 2020 City State Zip Code Transaction ID: 1611002 NE North Platte 69101-2358 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Buddy's Electric Owner Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 22 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 07 City Zip Code State Transaction ID: 1611002E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Handler, Sean, , , Date of Receipt Mailing Address 3735 Albidale Dr 2020 City State Zip Code Transaction ID: 1612792 **Huntingdon Valley** PA 19006-2815 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kessler Topaz Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 17 2020 City State Zip Code Transaction ID: 1612792E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

159

for each category of the 12 Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Higgins, Michael, , , Date of Receipt Mailing Address 11 Andersen Dr 30 2020 City Zip Code State Transaction ID: 1615337 MA **Boxford** 01921-1401 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Galatea Associates LLC IT Consulting Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1615337E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hunt, Tammy, , , Date of Receipt Mailing Address 1636 Lucerne Ave 05 2020 City State Zip Code Transaction ID: 1611671 CA Stockton 95203-1520 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) George Hills Subrogation Supervisor Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 100.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 24 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 07 City Zip Code State Transaction ID: 1611671E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hunt, Tammy, , , Date of Receipt Mailing Address 1636 Lucerne Ave 2020 City State Zip Code Transaction ID: 1612087 CA Stockton 95203-1520 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) George Hills Subrogation Supervisor Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 10 2020 City State Zip Code Transaction ID: 1612087E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

FOR LINE NUMBER: PAGE 25 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hunt, Tammy, , , Date of Receipt Mailing Address 1636 Lucerne Ave 29 2020 City Zip Code State Transaction ID: 1610818 CA Stockton 95203-1520 Amount of Each Receipt this Period FEC ID number of contributing C 82.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) George Hills Subrogation Supervisor Receipt For: Aggregate Year-to-Date ▼ Primary General 232.24 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Huvane, Kevin, , , Date of Receipt Mailing Address 2000 Avenue Of The Stars 06 2020 City State Zip Code Transaction ID: 1615092 CA Los Angeles 90067-4700 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Creative Artists Agency Managing Partner Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615092E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 5082.24 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 26 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Inc., Teachable, , , Date of Receipt Mailing Address 470 Park Ave S FI 6N 80 2020 City Zip Code State Transaction ID: 1610894 NY New York 10016-6884 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Teachable Inc Finance Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1610894E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ingram, Julia, , , Date of Receipt Mailing Address 1521 2nd Ave 03 2020 Apt 1900 City State Zip Code Transaction ID: 1611567 WA Seattle 98101-4512 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) 1400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 27 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 07 City Zip Code State Transaction ID: 1611567E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Carrie, , , Date of Receipt Mailing Address 15211 175th Ave SE 06 2020 City State Zip Code Transaction ID: 1612170 WA Monroe 98272-1021 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Island Contractors Supply LLC Accounting/partner Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 14 2020 City State Zip Code Transaction ID: 1612170E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

FOR LINE NUMBER: PAGE 28 OF 159 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Eric, , , Date of Receipt Mailing Address 4718 Brandywine St NW 03 2020 City Zip Code State Transaction ID: 1610602 DC Washington 20016-4450 Amount of Each Receipt this Period FEC ID number of contributing C 57.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 157.24 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Eric, , , Date of Receipt Mailing Address 4718 Brandywine St NW 06 2020 City State Zip Code Transaction ID: 1610947 DC Washington 20016-4450 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 307.24 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 07 2020 City State Zip Code Transaction ID: 1610947E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 157.24 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 29 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Eric, , , Date of Receipt Mailing Address 4718 Brandywine St NW 04 2020 City Zip Code State Transaction ID: 1610948 DC Washington 20016-4450 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 307.24 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1610948E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kanz, Duane, , , Date of Receipt Mailing Address 2026 248th PI SE 30 2020 City Zip Code State Transaction ID: 1615312 WA Sammamish 98075-6052 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Software Developer Microsoft Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 30 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 30 City Zip Code State Transaction ID: 1615312E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Katz, Jerome, , , Date of Receipt Mailing Address 21 S End Ave 2020 City State Zip Code Transaction ID: 1615228 NY New York 10280-1044 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 207.24 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615228E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 31 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelley, Susan, , , Date of Receipt Mailing Address 2116 Richland Ave 10 2020 City Zip Code State Transaction ID: 1612086 OH Lakewood 44107-6066 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 10 2020 City State Zip Code Transaction ID: 1612086E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelley, Susan, , , Date of Receipt Mailing Address 2116 Richland Ave 15 2020 City State Zip Code Transaction ID: 1612726 OH Lakewood 44107-6066 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 200.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 32 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 17 City Zip Code State Transaction ID: 1612726E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelley, Susan, , , Date of Receipt Mailing Address 2116 Richland Ave 2020 City State Zip Code Transaction ID: 1613985 OH Lakewood 44107-6066 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 25 2020 City State Zip Code Transaction ID: 1613985E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 33 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 06 2020 City State Zip Code Transaction ID: 1611679 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1611679E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 09 2020 City State Zip Code Transaction ID: 1612009 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 350.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 34 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 10 City Zip Code State Transaction ID: 1612009E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 2020 City State Zip Code Transaction ID: 1613843 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 25 2020 City State Zip Code Transaction ID: 1613843E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 35 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

159

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 2020 City Zip Code State Transaction ID: 1614126 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614126E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lennon, Christopher, , , Date of Receipt Mailing Address 4000 Carman Dr 24 2020 Unit 24 City State Zip Code Transaction ID: 1613754 OR Lake Oswego 97035-2401 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Finance of America underwriter Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 520.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 36 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613754E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McBride-Martin, Parris P, , , Date of Receipt Mailing Address 10990 Wilshire Blvd 2020 FI8 City State Zip Code Transaction ID: 1613748 CA Los Angeles 90024-3918 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fevre River Packet Co. Personal Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 25 2020 Zip Code City State Transaction ID: 1613748E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 37 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meyer, Elizabeth, , , Date of Receipt Mailing Address 45 Andrews Ave 80 2020 City Zip Code State Transaction ID: 1610921 Wheatley Heights NY 11798-2333 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 80 2020 City State Zip Code Transaction ID: 1610921E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moehle, Charles, , , Date of Receipt Mailing Address 3133 Alexis PI 30 2020 City State Zip Code Transaction ID: 1615269 CA Castro Valley 94546-1940 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 38 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 30 City Zip Code State Transaction ID: 1615269E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Newell, Gary, , , Date of Receipt Mailing Address 12050 Summer Meadow Ln 06 2020 City State Zip Code Transaction ID: 1615239 VA Reston 20194-2740 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jennings Strouss & Salmon PLC Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615239E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 39 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Northcutt, Barbara, , , Date of Receipt Mailing Address 2915 Ebbtide Rd 2020 City Zip Code State Transaction ID: 1611777 CA Corona Del Mar 92625-1405 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1611777E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 03 2020 City Zip Code State Transaction ID: 1611076 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 200.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 40 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1611076E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 06 2020 City State Zip Code Transaction ID: 1611077 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 07 2020 City State Zip Code Transaction ID: 1611077E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ____

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **X** 11a 11b 11c

41 OF 159

for each category of the 12 Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 2020 City Zip Code State Transaction ID: 1612175 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612175E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 14 2020 City Zip Code State Transaction ID: 1612176 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 42 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 14 City Zip Code State Transaction ID: 1612176E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 18 2020 City State Zip Code Transaction ID: 1612911 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1612911E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ____

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		13	OF		159
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Detailed Summary Page 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 2020 21 City Zip Code State Transaction ID: 1612912 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612912E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 26 2020 City State Zip Code Transaction ID: 1614215 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 460.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FOR LINE NUMBER: PAGE 44 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

159

for each category of the Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1614215E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pinney, James, , , Date of Receipt Mailing Address 3802 SE Rivercrest Ave 2020 City State Zip Code Transaction ID: 1614216 WA Vancouver 98683-5303 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 28 2020 City State Zip Code Transaction ID: 1614216E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 10.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 45 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

159

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Richards, Patricia, , , Date of Receipt Mailing Address 5050 Grazing Hill Rd 2020 City State Zip Code Transaction ID: 1613574 CA Latrobe 95682-8034 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CFO** Sun Ridge Systems Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1613574E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Richardson, Eric, , , Date of Receipt Mailing Address 160 Bement Ave 11 2020 City Zip Code State Transaction ID: 1612355 NY Staten Island 10310-1500 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 70.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 46 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 14 City Zip Code State Transaction ID: 1612355E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Richardson, Eric, , , Date of Receipt Mailing Address 160 Bement Ave 2020 City State Zip Code Transaction ID: 1613292 Staten Island NY 10310-1500 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 170.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1613292E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 47 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Richardson, Eric, , , Date of Receipt Mailing Address 160 Bement Ave 2020 City Zip Code State Transaction ID: 1610769 NY Staten Island 10310-1500 Amount of Each Receipt this Period FEC ID number of contributing C 79.23 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 249.23 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Richardson, Eric, , , Date of Receipt Mailing Address 160 Bement Ave 06 2020 City State Zip Code Transaction ID: 1615486 Staten Island NY 10310-1500 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 274.23 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 30 2020 City State Zip Code Transaction ID: 1615486E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 104.23 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	 18	OF	159
(0	che	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Royal, Hans, , , Date of Receipt Mailing Address 3120 Pearl Pkwy 2020 14 City State Zip Code Transaction ID: 1612136 CO Boulder 80301-2479 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Renewable Choice Energy Inc. **Director Business Development** Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612136E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sack, Joshua, , , Date of Receipt Mailing Address 411 Los Santos Dr 19 2020 City State Zip Code Transaction ID: 1612896 CA Bodega Bay 94923-9766 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FOR LINE NUMBER: PAGE 49 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 21 City Zip Code State Transaction ID: 1612896E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sapp, Austin, , , Date of Receipt Mailing Address 302 NE 45th St 06 2020 City State Zip Code Transaction ID: 1612631 Oak Island NC 28465-5331 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 17 2020 City State Zip Code Transaction ID: 1612631E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 50 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scally, Alexis, , , Date of Receipt Mailing Address 8 Latourelle Ln 12 2020 City Zip Code State Transaction ID: 1612162 Pittsburgh PA 15215-1829 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612162E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schorr, Gail, , , Date of Receipt Mailing Address 17871 Litten Dr 07 2020 City State Zip Code Transaction ID: 1611281 FL Boca Raton 33498-6439 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 100.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 51 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 07 City Zip Code State Transaction ID: 1611281E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schorr, Gail, , , Date of Receipt Mailing Address 17871 Litten Dr 06 2020 City State Zip Code Transaction ID: 1612288 FL **Boca Raton** 33498-6439 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 14 2020 City State Zip Code Transaction ID: 1612288E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

FO	R LINE	NUMBER	: PAGE	= 52 OF	159					
(check only one)										
>	1 1a	11b	11c	12						
	13	14	15	16	17					

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schorr, Gail, , , Date of Receipt Mailing Address 17871 Litten Dr 2020 City Zip Code State Transaction ID: 1614430 FL **Boca Raton** 33498-6439 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614430E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schwartz, Linda, , , Date of Receipt Mailing Address 3000 Tilden St NW 27 2020 Apt 201 City State Zip Code Transaction ID: 1614062 DC Washington 20008-3071 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self **Business** Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 53 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1614062E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 2020 City State Zip Code Transaction ID: 1612996 Centreville VA 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 50.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1612996E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 54 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 2020 City Zip Code State Transaction ID: 1610789 VA Centreville 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing C 21.99 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General 246.99 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 2020 City State Zip Code Transaction ID: 1614317 Centreville VA 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 246.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 28 2020 City State Zip Code Transaction ID: 1614317E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 46.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ____

FOR LINE NUMBER: PAGE 55 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 2020 City Zip Code State Transaction ID: 1614318 VA Centreville 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 246.99 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614318E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 29 2020 City State Zip Code Transaction ID: 1615108 VACentreville 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 296.99 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 56 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 29 City Zip Code State Transaction ID: 1615108E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serrano, Carmen, , , Date of Receipt Mailing Address 14140 Betsy Ross Ln 2020 City State Zip Code Transaction ID: 1615345 Centreville VA 20121-2660 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VImg Managing paralegal Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 396.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 30 2020 City State Zip Code Transaction ID: 1615345E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 57 OF Use separate for each categ

schedule(s) lory of the	_	ck only		TAGE		<u> </u>	
nary Page	×	11a	11b	11c	12		
, 0		13	14	15	16		17

159

Detailed Sumn 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shah, Rushin, , , Date of Receipt Mailing Address 912 Hunter Ln 2020 24 City State Zip Code Transaction ID: 1613753 CA Fremont 94539-6034 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Google **Engineering Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1613753E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Silberman, Claire, , , Date of Receipt Mailing Address 360 Furman St 20 2020 Apt 1216 City State Zip Code Transaction ID: 1613273 NY Brooklyn 11201-4579 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 58 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613273E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Silva, Joao Carlos, , , Date of Receipt Mailing Address 69 Gary Rd 06 2020 City State Zip Code Transaction ID: 1612975 Needham MA 02494-2447 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Santander Bank Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 5025.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1612975E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

FOR LINE NUMBER: PAGE 59 OF 159 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Silva, Joao Carlos, , , Date of Receipt Mailing Address 69 Gary Rd 20 2020 City Zip Code State Transaction ID: 1612976 MA Needham 02494-2447 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Santander Bank Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 5025.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612976E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Somers, James Thomas, , , Date of Receipt Mailing Address 2813 Carlisle Rd 12 2020 City State Zip Code Transaction ID: 1612483 AL Birmingham 35213-3417 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 50.00 Other (specify) 5050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 60 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 14 City Zip Code State Transaction ID: 1612483E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Somers, James Thomas, , , Date of Receipt Mailing Address 2813 Carlisle Rd 06 18 2020 City State Zip Code Transaction ID: 1613182 AL Birmingham 35213-3417 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 270.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City State Zip Code Transaction ID: 1613182E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 61 Use separate schedule(s) (check only one) **X** 11a 11b 11c

OF

159

for each category of the 12 Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Somers, James Thomas, , , Date of Receipt Mailing Address 2813 Carlisle Rd 20 2020 City Zip Code State Transaction ID: 1613290 AL Birmingham 35213-3417 Amount of Each Receipt this Period FEC ID number of contributing C 20.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 270.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1613290E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 20.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park 12 2020 # 402 City State Zip Code Transaction ID: 1612094 AL Mountain Brk 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 100.00 Other (specify) 120.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 62 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 14 City Zip Code State Transaction ID: 1612094E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park 2020 # 402 City State Zip Code Transaction ID: 1612564 Mountain Brk AL 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 17 2020 City State Zip Code Transaction ID: 1612564E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 63 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

159

for each category of the 12 Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park # 402 19 2020 City State Zip Code Transaction ID: 1612826 AL Mountain Brk 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612826E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park 23 2020 # 402 City State Zip Code Transaction ID: 1613457 AL Mountain Brk 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 64 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613457E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park 06 2020 # 402 City State Zip Code Transaction ID: 1613814 Mountain Brk AL 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 25 2020 City State Zip Code Transaction ID: 1613814E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Somers, Jt, , , Date of Receipt Mailing Address 217 Country Club Park # 402 2020 City State Zip Code Transaction ID: 1614065 AL Mountain Brk 35213-4237 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1614065E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stadlin, David, , , Date of Receipt Mailing Address 27 Turtle Rock Ct 29 2020 City State Zip Code Transaction ID: 1615090 CA Tiburon 94920-1301 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Investor Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 66 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 29 City Zip Code State Transaction ID: 1615090E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stern, Lynn, , , Date of Receipt Mailing Address 101 Central Park W 2020 City State Zip Code Transaction ID: 1610871 NY New York 10023-4250 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self photographer Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 80 2020 City State Zip Code Transaction ID: 1610871E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

FOR LINE NUMBER: PAGE 67 OF (check only one)

| The characteristic of the page of the pag

159

Detailed Summary Page 13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Traver, John, , , Date of Receipt Mailing Address PO Box 392 2020 17 City Zip Code State Transaction ID: 1612692 UT Duchesne 84021-0392 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Aerospike Engineer Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1612692E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Turley, Erin, , , Date of Receipt Mailing Address 2421 E Cinnabar Ave 20 2020 City State Zip Code Transaction ID: 1613283 ΑZ Phoenix 85028-4321 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CVS** Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 200.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FOR LINE NUMBER: PAGE 68 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City Zip Code State Transaction ID: 1613283E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turley, Erin, , , Date of Receipt Mailing Address 2421 E Cinnabar Ave 2020 City State Zip Code Transaction ID: 1615174 ΑZ Phoenix 85028-4321 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CVS Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 29 2020 City State Zip Code Transaction ID: 1615174E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 69 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Welch, Anne, , , Date of Receipt Mailing Address 300 Summer St 01 2020 Apt 27 City State Zip Code Transaction ID: 1611146 MA **Boston** 02210-1122 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self artist Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 06 2020 City State Zip Code Transaction ID: 1611146E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 152542.21 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wilson, Laurie, , , Date of Receipt Mailing Address 1955 N Burling St 21 2020 City State Zip Code Transaction ID: 1613372 IL Chicago 60614-5123 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 70 OF 159 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 21 2020 City Zip Code State Transaction ID: 1613372E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Woods, Aakiya, , , Date of Receipt Mailing Address 77 Irving PI 2020 06 Apt 4A City State Zip Code Transaction ID: 1614445 NY New York 10003-2239 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) private family office assistant Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 28 2020 City Zip Code State Transaction ID: 1614445E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 152542.21 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... 39518.87 TOTAL This Period (last page this line number only).....

17

SCHEDULE B (FEC Form 3X)	lles	avata ashsalidi.()		FOR LINE NUMBER:						F 159		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I '	only one	_			ne	7.7			
		Summary Page		1b 8a	22 28b	23 28c		26 29	27 30b			
Any information copied from such Reports and Statem	ente may	not he sold or us								one		
or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)												
MeidasTouch												
Full Name (Last, First, Middle Initial)												
A. ActBlue Technical Services				D	ate of I	Disburse						
Mailing Address 366 Summer St				7 [06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State	Zip Code		F	=C Ider	ntificatio	n Num	hor				
000.10	MA	02144-3132			-	illication	I INUII	ibei	-			
Purpose of Disbursement Service Fee					١.							
Candidate Name			0.1			saction	-		-	امدامط		
			Category/ Type	A	nount (JI ⊏acn	טמצוע	useme	nt this P	enoa		
Office Sought: House Disbursem	nent For:								1339.92	2		
	Primary	General										
President State: District:	Other (spe	cify) 🔻			Mem	o Item						
Full Name (Last, First, Middle Initial)					_							
B. ActBlue Technical Services				D	ate of I	Disburse	ment					
					M M / D D / Y Y Y Y							
Mailing Address 366 Summer St					06		8		2020			
,	State	Zip Code 02144-3132		FI	FEC Identification Number							
Somerville Purpose of Disbursement	MA			\ \ \ \		-		-				
Service Fee					Transaction ID : 500000144 Amount of Each Disbursement this Perio							
Candidate Name			Category/	A								
			Type									
Office Sought: House Disbursem									218.23	3		
	Primary Other (spe	General										
State: District:	Culei (spe	City)			Memo Item							
Full Name (Last, First, Middle Initial)												
C. ActBlue Technical Services				D	ate of I	Disburse	ment					
-				_ г	M I M	/ D			Y Y	Y		
Mailing Address 366 Summer St				L	06	1	0		2020			
City	State	Zip Code			-0.1-1	- A! £! A!	. NI::					
Somerville	MA	02144-3132			=U ider	ntificatio	n Nun	iber				
Purpose of Disbursement Service Fee												
Candidate Name			٦ ا ٦		saction							
Candidate Name			Category/ Type	A	mount o	of Each	Disbu	irseme	nt this P	eriod		
Office Sought: House Disbursem	House Disbursement For:						269.37					
Senate	Primary	General			7 7 7							
	Other (spe	cify) ▼			Mem	o Item						
State: District:					4							
SUBTOTAL of Disbursements This Page (optional)				. [7		7	1827.5	2		
TOTAL This Period (last page this line number only).												

S П

SCHEDULE B (FEC Form 3X)	·		FOR LII	PAGE	72 0	F 159									
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	of the						¬						
		Summary Page		1b 22 Ba 28		23 28c		26 29	27 30b						
Any information copied from such Reports and State	ments may i	not he sold or use								one					
or for commercial purposes, other than using the nar															
NAME OF COMMITTEE (In Full)															
MeidasTouch															
Full Name (Last, First, Middle Initial)															
A. ActBlue Technical Services				Date	Date of Disbursement										
Mailing Address 366 Summer St					06	1	4		2020						
,	State MA	Zip Code		FEC	den	tificatio	n Num	nber							
Somerville Purpose of Disbursement	IVIA	02144-3132							-						
Service Fee			Г		T		15 5	00000	110						
Candidate Name			Category/	Amo	Transaction ID: 500000146 Amount of Each Disbursement this Period										
Office Sought: House Disburse	ment For:		Type	-					543.66	j					
Senate	Primary	General				7	-	7	1 40						
President State: District:	Other (spec	cify) ▼			Mem	o Item									
Full Name (Last, First, Middle Initial)															
B. ActBlue Technical Services				Date	e of D	isburse	ment								
				M	M M / D D / Y Y Y Y										
Mailing Address 366 Summer St	Mailing Address 366 Summer St							06 17 2020							
,	State	Zip Code		FEC	FEC Identification Number										
Somerville Purpose of Disbursement	MA	02144-3132	C												
Service Fee					Trans	a a ti a n	ID . E	00000	1.47						
Candidate Name			Category/ Amount of Each Disbursement t							eriod					
Office Sought: House Disburse	ment For:								304.87	,					
Senate	Primary	General				-		-	- 40						
President	Other (spec	cify)			Mem	o Item									
State: District: Full Name (Last, First, Middle Initial)															
C. ActBlue Technical Services				Date	e of D	isburse	ment								
				М	М	/ D	D /	Υ	Y Y Y	Ý					
Mailing Address 366 Summer St			06	2	1		2020	_							
City	State	Zip Code		FFC	den	tificatio	n Num	nher							
Somerville	MA	02144-3132			100.				-						
Purpose of Disbursement Service Fee			· ·												
Candidate Name	Category/	Amo	Transaction ID: 500000148 Amount of Each Disbursement this Period 893.72												
Office Sought: House Disburse	Type	-													
Senate	General														
President	Other (spec	cify) ▼	Memo Item												
State: District:															
SUBTOTAL of Disbursements This Page (optional)									1742.2	5					
TOTAL This Period (last page this line number only)					, .		,							

17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 OF 159							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I '	only one	_	-		nc		
		Summary Page			22 28b	23 28c		26 29	27 30b	
Any information copied from such Reports and Statem	l nents may	not he sold or use								ons
or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
MeidasTouch										
Full Name (Last, First, Middle Initial)				_		n. ,				
A. ActBlue Technical Services				Di		Disburse				_
Mailing Address 366 Summer St					06	2	3		2020	Y
City	State	Zip Code		FF	C Ide	ntificatio	n Nun	nhar		
000.	MA	02144-3132			-	·····catioi	vuil	.501	-	
Purpose of Disbursement Service Fee					,					
Candidate Name			Octor: "			saction			-	oriod
			Category/ Type	Ar	nount (JI ⊏aCN	טמצוע	ıı serrie	nt this P	enou
Office Sought: House Disbursen	nent For:	L						-	280.51	
	Primary	General								
President State: District:	Other (spe	ecify) 🔻			Mem	o Item				
Full Name (Last, First, Middle Initial)										
B. ActBlue Technical Services				D	ate of I	Disburse	ement			
					и и м		D /	Υ	YYY	Υ
Mailing Address 366 Summer St					06 25 2020					
,	State	Zip Code		FE	C Ide	ntificatio	n Nun	nber		
Somerville Purpose of Disbursement	MA	02144-3132					_		-	
Service Fee			T							
Candidate Name			Category/	Δr		saction of Each	_		150 Int this P	eriod
			Type				_1000			
Office Sought: House Disbursem						7			445.95	5
	Primary	General								
President State: District:	Other (spe	:ciry)			Mem	o Item				
Full Name (Last, First, Middle Initial)										
C. ActBlue Technical Services				Di	ate of I	Disburse	ement			
					и – м	/ D			YY	Y
Mailing Address 366 Summer St					06	2	8	L.	2020	
City	State	Zip Code			-	atific = ±! - :	n Nive	abo:		
Somerville	MA	02144-3132			o idei	ntificatio	ıı ıvun	iner		
Purpose of Disbursement Service Fee									. 1	
Candidate Name				٦ ا ٦		saction				
Sandidate Name			Category/ Type	Ar	nount	of Each	Disbu	irseme	nt this P	eriod
Office Sought: House Disbursen	nent For:		1,700	-					969.3	1
Senate	Primary	General				7		,	- 4	
	ecify) 🔻				o Item					
State: District:										
SUBTOTAL of Disbursements This Page (optional)			·····•	. [7		7	1695.7	7
				- F	-			-		
TOTAL This Period (last page this line number only).									100	

17

SCHEDULE B (FEC Form 3X)				OR LINE NUMBER: PAGE 74 OF 159						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check				_	l 06		
		Summary Page		21b 28a	22 28b	23	, -	26 29	27 30b	
Any information copied from such Reports and Statem	ents may	not be sold or use								ons
or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
MeidasTouch										
Full Name (Last, First, Middle Initial)										
A. ActBlue Technical Services					Date of	_				
Mailing Address 366 Summer St					06	/ D	29	/ Y	2020	Y
,	tate	Zip Code			FEC Ide	entificati	ion Nu	ımber		
Somerville Purpose of Disbursement	MA	02144-3132		_		-			-	
Service Fee				71	C		. 15	FORCE	450	
Candidate Name			Category	//				500000 ourseme	1 152 ent this P	eriod
Office Sought: House Disbursem	ont For:		Type				•		458.57	7
	Primary	General				7	_	7	100.01	
President	Other (spe				Mei	mo Item	1			
State: District:					Ц					
Full Name (Last, First, Middle Initial)					Data of	Diahum				
B. ActBlue Technical Services			Date of Disbursement			Y	V			
Mailing Address 366 Summer St					06		30	<u> </u>	2020	
,	tate	Zip Code			FEC Ide	entificati	ion Nı	ımber		
Somerville Purpose of Disbursement	MA	02144-3132								
Service Fee			L	71	C					
Candidate Name			Category/ Type					500000 ourseme	153 ent this P	eriod
										-
Office Sought: House Disbursem	ent For: Primary	General				-		-	313.49	9
	Other (spe				п					
State: District:					Mei	mo Item	1			
Full Name (Last, First, Middle Initial)										
C.					Date of	_				
Mailing Address					M = M	/ D	D	/ Y	Y	Y
City	tate	Zip Code								
Only S	idio	Zip Joue	FEC Identification Number							
Purpose of Disbursement		<u> </u>		\neg	C					
Candidate Name					A	- 4 =	L D: .			
Cardidate (valle)	Category Type	//	Amount	of Eac	n Disk	ourseme	ent this P	eriod		
Office Sought: House Disbursem						-		7	1 40	
	Primary Other (spe	General								
State: District:			Mei	mo Item	1					
						-	-	-		-
SUBTOTAL of Disbursements This Page (optional)				•					772.0	6
							-	-	6037.6	0
TOTAL This Period (last page this line number only).					1 .				0037.0	J

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 75 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		·			
A. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Benjamin, , ,	Nature of Debt (Purpose): Website & Email				
Mailing Address 801 S Olive St Apt 2901					
City Los Angeles					
Outstanding Balance Beginning This Period			Transaction ID : 1250000001		
13.94					
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period		
0.00	-	0.00	13.94		
B. Full Name (Last, First, Middle Initial) of Debtor o Meiselas, Benjamin, , ,	r Creditor		Nature of Debt (Purpose): Website & Email		
Mailing Address 801 S Olive St Apt 2901					
City Los Angeles	State CA	Zip Code 90014-3037			
Outstanding Balance Beginning This Period 33.89	Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period		
0.00	0.00				
C. Full Name (Last, First, Middle Initial) of Debtor (Meiselas, Benjamin, , ,	or Creditor		Nature of Debt (Purpose): Website & Email		
Mailing Address 801 S Olive St Apt 2901					
City Los Angeles	State CA	Zip Code 90014-3037			
Outstanding Balance Beginning This Period 49.76			Transaction ID : 1250000003		
Amount Incurred This Period	7 7				
0.00		0.00	Outstanding Balance at Close of This Period 49.76		
1) SUBTOTALS This Period This Page (optional)		>	97.59		
2) TOTALS This Period (last page this line number of					
3) TOTAL OUTSTANDING LOANS from Schedule C	7				
4) ADD 2) and 3) and carry forward to appropriate lin					

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 76 O
FOR LINE NUMBER: (check only one)

۲.		
		9
	X	10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Transaction ID: 1250000004 Outstanding Balance Beginning This Period 49.76 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 49.76 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles 90014-3037 CA Outstanding Balance Beginning This Period Transaction ID: 1250000005 13.94 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 13.94 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Outstanding Balance Beginning This Period Transaction ID: 1250000006 12.92 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 12.92 76.62 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 77 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Transaction ID: 1250000008 Outstanding Balance Beginning This Period 12.88 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.88 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles 90014-3037 CA Outstanding Balance Beginning This Period Transaction ID: 1250000009 12.71 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 12.71 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Outstanding Balance Beginning This Period Transaction ID: 1250000010 12.64 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 12.64 38.23 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 78 OF 159 FOR LINE NUMBER: (check only one)

9

	3			Harrisoroa iirio)	X 10
	ME OF COMMITTEE (In Full) leidasTouch				
	A. Full Name (Last, First, Middle Initial) of Debtor (Meiselas, Brett, , ,	Nature of Del Online Video			
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period	Transaction	n ID : 1250000015		
	Amount Incurred This Period Payment This Period				Balance at Close of This Period
	0.00	0	1.00		
	B. Full Name (Last, First, Middle Initial) of Debtor o Meiselas, Brett, , ,	r Creditor		Nature of Det Online Video	
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 1.00	Transactio	on ID : 1250000016		
	Amount Incurred This Period	Payr	ment This Period	Outstanding	Balance at Close of This Period
	0.00	-	0.0	0	1.00
	C. Full Name (Last, First, Middle Initial) of Debtor (Meiselas, Brett, , ,	or Creditor		Nature of Del Online Video	, , ,
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 4.00	Transactio	n ID : 1250000024		
	Amount Incurred This Period	Payr	ment This Period	Outstanding	Balance at Close of This Period
	0.00	-	0.0	0	4.00
1)	SUBTOTALS This Period This Page (optional)			>	6.00
2)	TOTALS This Period (last page this line number of	•	7		
3)	TOTAL OUTSTANDING LOANS from Schedule C	>	7		
4)	ADD 2) and 3) and carry forward to appropriate lin	y) ▶	, , , , , ,		

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 79 OF 159 FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor (Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 4.00					
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period		
0.00	1 7	0.00	4.00		
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	r Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 17.00					
Amount Incurred This Period 0.00	Payı	ment This Period 0.00	Outstanding Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714	_		
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	19.00		
1) SUBTOTALS This Period This Page (optional)		>	40.00		
2) TOTALS This Period (last page this line number o					
3) TOTAL OUTSTANDING LOANS from Schedule C) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate lin					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 80 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Det Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 2.00	Transaction ID : 1250000020				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
0.00	7	0.00	2.00		
B. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	or or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 4.00	Transaction ID : 1250000021				
Amount Incurred This Period 0.00					
C. Full Name (Last, First, Middle Initial) of Deb Meiselas, Brett, , ,	otor or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 2.00			Transaction ID: 1250000022		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
0.00	1	0.00	2.00		
1) SUBTOTALS This Period This Page (optional)			8.00		
2) TOTALS This Period (last page this line numb	<u> </u>				
3) TOTAL OUTSTANDING LOANS from Schedul	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 81 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000023 Outstanding Balance Beginning This Period 4.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000025 20.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 20.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000026 2.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 26.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 82 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch							
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video						
Mailing Address 11140 Sylvan St							
City North Hollywood	State CA	Zip Code 91606-3714					
Outstanding Balance Beginning This Period			Transaction ID: 1250000027				
4.00							
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 4.00				
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video						
Mailing Address 11140 Sylvan St			-				
City North Hollywood	State CA	Zip Code 91606-3714					
Outstanding Balance Beginning This Period 25.00	Transaction ID : 1250000028						
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 25.00				
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,						
Mailing Address 11140 Sylvan St			_				
City North Hollywood	State CA	Zip Code 91606-3714					
Outstanding Balance Beginning This Period 10.00			Transaction ID : 1250000029				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	10.00				
1) SUBTOTALS This Period This Page (optional)			39.00				
2) TOTALS This Period (last page this line number of							
3) TOTAL OUTSTANDING LOANS from Schedule C							
4) ADD 2) and 3) and carry forward to appropriate li) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 83 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch						
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video					
Mailing Address 11140 Sylvan St						
City North Hollywood						
Outstanding Balance Beginning This Period	'		Transaction ID : 1250000030			
1.00						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	1.00			
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video			
Mailing Address 11140 Sylvan St						
City	State	Zip Code				
North Hollywood	CA	91606-3714				
Outstanding Balance Beginning This Period 2.00			Transaction ID : 1250000031			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00	0.00					
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video			
Mailing Address 11140 Sylvan St						
City North Hollywood	State CA	Zip Code 91606-3714				
Outstanding Balance Beginning This Period			Transaction ID : 1250000032			
2.00	Dou	ment This Device	Outstanding Polance at Class of This Pariod			
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 2.00			
7 7 7	7		1171171171			
1) SUBTOTALS This Period This Page (optional))	5.00			
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C						
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 84 OF 159 FOR LINE NUMBER: (check only one)

9

9 • • • •			Transported line)			
NAME OF COMMITTEE (In Full) MeidasTouch						
A. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video					
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St					
City						
North Hollywood Outstanding Balance Beginning This Period	North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period					
19.00	Transaction ID : 1250000034					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Per			
0.00	7	0.00	19.00			
B. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video			
Mailing Address 11140 Sylvan St						
City North Hollywood	State CA	Zip Code 91606-3714				
Outstanding Balance Beginning This Period 2.00 Amount Incurred This Period 0.00	Transaction ID : 1250000035 Outstanding Balance at Close of This Per					
C. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,					
Mailing Address 11140 Sylvan St						
City North Hollywood	State CA	Zip Code 91606-3714				
Outstanding Balance Beginning This Period 6.00	Transaction ID : 1250000036					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Per			
0.00		0.00	6.00			
1) SUBTOTALS This Period This Page (optional)			27.00			
2) TOTALS This Period (last page this line numbe	·					
3) TOTAL OUTSTANDING LOANS from Schedule	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate	0▶					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 85 OF 159 FOR LINE NUMBER: (check only one)

	ME OF COMMITTEE (In Full) eidasTouch		·	·		
	A. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , , Mailing Address 11140 Sylvan St	Nature of Debt (Purpose): Online Video				
+	City	-				
	North Hollywood	CA	91606-3714			
	Outstanding Balance Beginning This Period			Transaction ID : 1250000037		
	35.00					
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
	0.00	· · · ·	0.00	35.00		
ı	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):		
	Meiselas, Brett, , ,			Online Video		
-	Mailing Address 11140 Sylvan St					
- 1	City North Hollywood	State CA	Zip Code 91606-3714			
	Outstanding Balance Beginning This Period 4.00 Amount Incurred This Period	Transaction ID: 1250000042 Outstanding Balance at Close of This Period				
	0.00	4.00				
	C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
	Mailing Address 11140 Sylvan St					
	City North Hollywood	State CA	Zip Code 91606-3714			
	Outstanding Balance Beginning This Period 24.00		Transaction ID : 1250000038			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
	0.00	- T	0.00	24.00		
1)	SUBTOTALS This Period This Page (optional)		>	63.00		
2)	TOTALS This Period (last page this line number or	7 7 7				
3)	TOTAL OUTSTANDING LOANS from Schedule C					
4)) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 86 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 3.00			Transaction ID : 1250000039
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	· · · · ·	0.00	3.00
B. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 3.00			Transaction ID : 1250000040
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	3.00
C. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	or or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 1.00			Transaction ID : 1250000041
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	1 1 3	0.00	1.00
1) SUBTOTALS This Period This Page (optional)			7.00
2) TOTALS This Period (last page this line numbe	2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 87 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID: 1250000043
4.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 22.00			Transaction ID : 1250000044
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	22.00
C. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000045
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4.00
1) SUBTOTALS This Period This Page (optional)			30.00
2) TOTALS This Period (last page this line number	only)		7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 88 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000046
45.00 Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			_
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 7.00			Transaction ID : 1250000047
Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 7.00
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor	7 1 7	Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000048
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4.00
1) SUBTOTALS This Period This Page (optional)			56.00
2) TOTALS This Period (last page this line number of	nly)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ıly) ▶	7 7
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 89 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 16.00			Transaction ID : 1250000049
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	16.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000050
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 4.00
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor	, 	Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			-
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 23.00			Transaction ID : 1250000051
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	23.00
1) SUBTOTALS This Period This Page (optional)		>	43.00
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly) ▶	7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 90 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		,	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 2.00			Transaction ID : 1250000052
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000053
Amount Incurred This Period 0.00	Pay	yment This Period 0.00	Outstanding Balance at Close of This Period 4.00
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 25.00			Transaction ID : 1250000054
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	25.00
1) SUBTOTALS This Period This Page (optional)			31.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summa	ary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 91 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St		
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000055
2.00			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	2.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000056
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4.00
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 25.00			Transaction ID: 1250000057
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00	· · · · ·	0.00	25.00
1) SUBTOTALS This Period This Page (optional)			31.00
2) TOTALS This Period (last page this line number of	2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7 7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

159

92

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000058 Outstanding Balance Beginning This Period 3.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000059 2.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000060 2.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 7.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 93
FOR LINE NUMBER: (check only one)

	9
x	10

159

93 OF

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000061 Outstanding Balance Beginning This Period 4.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000062 16.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 16.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000063 27.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 27.00 47.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 94 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 12.00			Transaction ID : 1250000064
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	12.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 15.00			Transaction ID : 1250000065
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor	, 	Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			-
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000066
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	 	0.00	4.00
1) SUBTOTALS This Period This Page (optional)		>	31.00
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly) ▶	7 7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 95 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		·	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St			Nature of Debt (Purpose): Online Video
City	State	Zip Code	
North Hollywood	CA	91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000012
8.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	· · · ·	0.00	8.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			_
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 2.00			Transaction ID : 1250000033
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00			2.00
C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,		
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 4.00			Transaction ID : 1250000067
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4.00
1) SUBTOTALS This Period This Page (optional)		>	14.00
2) TOTALS This Period (last page this line number only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7 7 7
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 96 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 16.00	_		Transaction ID : 1250000068
Amount Incurred This Period 0.00	Payn	nent This Period	Outstanding Balance at Close of This Period 16.00
B. Full Name (Last, First, Middle Initial) of Debtor or Meiselas, Brett, , ,	Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period	,		Transaction ID : 1250000074
2.00			
Amount Incurred This Period 0.00	Payn	nent This Period	Outstanding Balance at Close of This Period 2.00
	u Ouaditau	7 7	7 7
C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Software Subscription
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000069
Amount Incurred This Period 52.99	Payn	nent This Period	Outstanding Balance at Close of This Period 52.99
1) SUBTOTALS This Period This Page (optional)		>	70.99
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

159

97 OF

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000071 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 19.00 19.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000072 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 6.00 6.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000073 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 15.00 40.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 98 (
FOR LINE NUMBER: (check only one)

	9
X	10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000075 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.00 12.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000076 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000077 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 18.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 99
FOR LINE NUMBER: (check only one)

99 OF

9 **X** 10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000144 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 19.00 19.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000145 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 6.00 6.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000146 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 15.00 40.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 100 OF 159 FOR LINE NUMBER: (check only one)

9

	3			mambered ime)	 X 10
	ME OF COMMITTEE (In Full) leidasTouch				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of De Online Video	bt (Purpose):
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 0.00			Transactio	n ID : 1250000147
	Amount Incurred This Period	Payr	ment This Period	Outstandin	g Balance at Close of This Period
	2.00		0.0	0	2.00
	B. Full Name (Last, First, Middle Initial) of Debtor o Meiselas, Brett, , ,	r Creditor		Nature of De Online Video	bt (Purpose):
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 0.00			Transaction	on ID : 1250000078
	Amount Incurred This Period	Payı	ment This Period	Outstandin	g Balance at Close of This Period
	23.00		0.0	0	23.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of De Online Video	bt (Purpose): o
	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 0.00			Transactio	on ID : 1250000079
	Amount Incurred This Period	Payr	ment This Period	Outstanding	g Balance at Close of This Period
	4.00	-	0.0	0	4.00
1)	SUBTOTALS This Period This Page (optional)				29.00
2)	2) TOTALS This Period (last page this line number only)			>	T. 1. T. 1. T. 1.
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			>	T T T.
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				ly) ▶	7

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 101 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000080 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2.00 2.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000081 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000082 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 16.00 22.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 102 OF 159 FOR LINE NUMBER: (check only one)

	ME OF COMMITTEE (In Full) eidasTouch		·	·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St			Nature of Debt (Purpose): Online Video	
(City	State	Zip Code		
	North Hollywood	CA	91606-3714		
	Outstanding Balance Beginning This Period			Transaction ID : 1250000083	
	0.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	3.00	-	0.00	3.00	
Ī	3. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	r Creditor		Nature of Debt (Purpose): Online Video	
1	Mailing Address 11140 Sylvan St			-	
	City	State	Zip Code	-	
	North Hollywood	CA	91606-3714		
	Outstanding Balance Beginning This Period 0.00			Transaction ID: 1250000084	
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	2.00			2.00	
(C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video	
ľ	Mailing Address 11140 Sylvan St				
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period Transaction ID : 1250000085				
	0.00			Outstanding Palance at Class of This Paying	
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
	3.00	7	0.00	3.00	
1)	SUBTOTALS This Period This Page (optional)		>	8.00	
2)	2) TOTALS This Period (last page this line number only)			7 7	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7 7	
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 103 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000086 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.00 11.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000087 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000088 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 17.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 104 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000089
0.00			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
15.00	7	0.00	15.00
B. Full Name (Last, First, Middle Initial) of Debtor or Meiselas, Brett, , ,	Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000090
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
4.00		0.00	4.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000091
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
20.00		0.00	20.00
SUBTOTALS This Period This Page (optional)		>	39.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 105 OF 159 FOR LINE NUMBER:

(check only one) 9

			10
NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St			
City	State	Zip Code	
North Hollywood	CA	91606-3714	Transaction ID : 1250000092
0.00	Outstanding Balance Beginning This Period 0.00		
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
4.00	7	0.00	4.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,		
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period			Transaction ID: 1250000093 Outstanding Balance at Close of This Period
2.00			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00 Transaction ID: 1250000094			Transaction ID : 1250000094
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
27.00	4	0.00	27.00
1) SUBTOTALS This Period This Page (optional)			33.00
TOTALS This Period (last page this line number only)			·
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			>
4) ADD 2) and 3) and carry forward to appropriate	>		

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE 106 OF

	9
~	10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000095 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6.00 6.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000096 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000097 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 25.00 25.00 33.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 107 OF
FOR LINE NUMBER:
(check only one)

9 10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website Services Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000070 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 44.99 44.99 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000098 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000099 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 50.99 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 108 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		•		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St			Nature of Debt (Purpose): Online Video	
		7: 0 !		
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period			Transaction ID : 1250000100	
0.00				
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period	
25.00	7	0.00	25.00	
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St				
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00				
Amount Incurred This Period 4.00	Pa	yment This Period 0.00	Outstanding Balance at Close of This Period 4.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000102	
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
2.00		0.00	2.00	
SUBTOTALS This Period This Page (optional)			31.00	
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 109 OF 159
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debte Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000103
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
12.00	-	0.00	12.00
B. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000104
Amount Incurred This Period	Amount Incurred This Period Payment This Period 4.00 0.00		
4.00			
C. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	or or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000105
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
2.00		0.00	2.00
1) SUBTOTALS This Period This Page (optional))	18.00
2) TOTALS This Period (last page this line number	r only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly) l	
4) ADD 2) and 3) and carry forward to appropriate			

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 110 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood					
Outstanding Balance Beginning This Period			Transaction ID: 1250000106		
0.00					
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
15.00		0.00	15.00		
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000107		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
4.00	4.00				
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000108		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
45.00		0.00	45.00		
1) SUBTOTALS This Period This Page (optional)			64.00		
2) TOTALS This Period (last page this line number	only)		7 7 7		
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 111 OF 159 FOR LINE NUMBER: (check only one)

MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St				
City North Hollywood					
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000109		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
4.00		0.00	4.00		
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period				
0.00	7 7 7				
Amount Incurred This Period Payment This Period 2.00 0.00			Outstanding Balance at Close of This Period 2.00		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period					
0.00 Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
25.00	1 7	0.00	25.00		
1) SUBTOTALS This Period This Page (optional)			31.00		
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate I					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 112 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St				
City North Hollywood					
Outstanding Balance Beginning This Period			Transaction ID : 1250000112		
0.00					
Amount Incurred This Period 4.00	Payı	ment This Period 0.00	Outstanding Balance at Close of This Period 4.00		
	1	0.00	11717		
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00	Transaction ID: 1250000113				
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
2.00			2.00		
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	0.00 Amount Incurred This Period Payment This Period				
2.00		0.00	2.00		
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number of					
3) TOTAL OUTSTANDING LOANS from Schedule C	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate li					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 113 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		•				
A. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , , Mailing Address 11140 Sylvan St	Nature of Debt (Purpose): Online Video					
North Hollywood	City State Zip Code North Hollywood CA 91606-3714					
Outstanding Balance Beginning This Period		1	Transaction ID : 1250000115			
0.00						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
16.00		0.00	16.00			
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video			
Mailing Address 11140 Sylvan St						
City North Hollywood	State CA	Zip Code 91606-3714				
Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000116					
Amount Incurred This Period Payment This Period 4.00 0.00			Outstanding Balance at Close of This Period 4.00			
C. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,					
Mailing Address 11140 Sylvan St						
City North Hollywood	State CA	Zip Code 91606-3714				
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000117			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
25.00	7	0.00	25.00			
1) SUBTOTALS This Period This Page (optional)			45.00			
2) TOTALS This Period (last page this line number	only)	>				
3) TOTAL OUTSTANDING LOANS from Schedule (3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate	A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 114 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch				
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video			
Mailing Address 11140 Sylvan St				
City North Hollywood				
Outstanding Balance Beginning This Period			Transaction ID: 1250000118	
0.00				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
4.00		0.00	4.00	
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St			_	
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000119	
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
2.00	2.00			
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St			_	
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000120	
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
12.00		0.00	12.00	
SUBTOTALS This Period This Page (optional)		>	18.00	
2) TOTALS This Period (last page this line number of	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		
4) ADD 2) and 3) and carry forward to appropriate li				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 115 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		•		
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , , Mailing Address 11140 Sylvan St	Nature of Debt (Purpose): Online Video			
		7: 0 !		
North Hollywood	City State Zip Code North Hollywood CA 91606-3714			
Outstanding Balance Beginning This Period	I		Transaction ID : 1250000121	
0.00				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
4.00		0.00	4.00	
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St				
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000122			
Amount Incurred This Period Payment This Period 2.00 0.00			Outstanding Balance at Close of This Period 2.00	
C. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St				
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000123	
Amount Incurred This Period	Amount Incurred This Period Payment This Period			
45.00		0.00	45.00	
SUBTOTALS This Period This Page (optional)		>	51.00	
2) TOTALS This Period (last page this line number	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly) ▶		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 116 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

159

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000124 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000125 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000126 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 10.00 16.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 117 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood					
Outstanding Balance Beginning This Period			Transaction ID: 1250000127		
0.00					
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
4.00		0.00	4.00		
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000128				
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
2.00			2.00		
C. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000129				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
12.00		0.00	12.00		
1) SUBTOTALS This Period This Page (optional)			18.00		
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 118 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St				
City North Hollywood					
Outstanding Balance Beginning This Period			Transaction ID: 1250000130		
0.00					
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
4.00		0.00	4.00		
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St			_		
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000131		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
2.00	2.00				
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St			_		
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000132		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
11.00	7	0.00	11.00		
SUBTOTALS This Period This Page (optional)			17.00		
2) TOTALS This Period (last page this line number of	only)	>			
3) TOTAL OUTSTANDING LOANS from Schedule C	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate li					

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 119 OF 159 FOR LINE NUMBER: (check only one)

9

	3			mambered ime)	X 10	
	ME OF COMMITTEE (In Full) leidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,					Nature of Debt (Purpose): Online Video	
	Mailing Address 11140 Sylvan St					
	City					
	North Hollywood Outstanding Balance Beginning This Period	CA	91606-3714	Transaction	ID : 1250000133	
	0.00					
	Amount Incurred This Period	Payı	ment This Period	Outstanding	Balance at Close of This Period	
	4.00		0.	00	4.00	
	B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	Nature of Debi Online Video	t (Purpose):			
	Mailing Address 11140 Sylvan St					
	City North Hollywood	State CA	Zip Code 91606-3714			
	Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 2.00	Payı	ment This Period		Balance at Close of This Period	
	C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	Nature of Debi	t (Purpose):			
	Mailing Address 11140 Sylvan St					
	City North Hollywood	State CA	Zip Code 91606-3714			
	Outstanding Balance Beginning This Period 0.00			Transaction	n ID : 1250000135	
	Amount Incurred This Period	Payı	ment This Period	Outstanding	Balance at Close of This Period	
	20.00		0.	00	20.00	
1)	SUBTOTALS This Period This Page (optional)			>	26.00	
2)	TOTALS This Period (last page this line number o	nly)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ıly)		7	
4)	ADD 2) and 3) and carry forward to appropriate lin	nly) ▶				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 120 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		·		
A. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , , Mailing Address 11140 Sylvan St	Nature of Debt (Purpose): Online Video			
City	State	Zip Code	_	
North Hollywood	CA	91606-3714		
Outstanding Balance Beginning This Period	1		Transaction ID : 1250000136	
0.00				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
4.00	7	0.00	4.00	
B. Full Name (Last, First, Middle Initial) of Debtor o Meiselas, Brett, , ,	r Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St			_	
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000137	
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
2.00	2.00			
C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St				
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period			Transaction ID: 1250000138	
0.00	0.00			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
12.00		0.00	12.00	
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 121 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch		·		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St			Nature of Debt (Purpose): Online Video	
	Ctata	Zin Codo		
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period			Transaction ID : 1250000139	
0.00				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
4.00		0.00	4.00	
B. Full Name (Last, First, Middle Initial) of Debtor o Meiselas, Brett, , ,	r Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St	ing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000140	
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period 2.00	
2.00	7	0.00	2.00	
C. Full Name (Last, First, Middle Initial) of Debtor (Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video	
Mailing Address 11140 Sylvan St				
City North Hollywood	State CA	Zip Code 91606-3714		
Outstanding Balance Beginning This Period			Transaction ID : 1250000141	
0.00	5			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
13.00	1 7	0.00	13.00	
1) SUBTOTALS This Period This Page (optional)		>	19.00	
2) TOTALS This Period (last page this line number of	nly)	>	7 7	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)		
4) ADD 2) and 3) and carry forward to appropriate lin				

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 122 OF 159 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000142		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
4.00	—	0.00	4.00		
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video		
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000143		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
2.00		0.00	2.00		
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
SUBTOTALS This Period This Page (optional)			6.00		
2) TOTALS This Period (last page this line number	only)		1510.42		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	0.00		
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	1510.42		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 123 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item	Date of Public Distribution/Dissemination
* Mailing Address 11140 Sylvan St				04 22 2020 Amount
		1		
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID: 500000021 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		X Oppose	×	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disbu 2020	rsement For: Primary General
Tot Election for Since Sought	7			Other (specify)
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		15.00
North Hollywood	CA	91606-3714		Transaction ID : 500000053 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disbu 2020	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(-,				
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature	<u>ыссыониану F II</u>	_ Date	e 07	7 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 124 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		Memo	itom	05 26 2020
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		19.00
North Hollywood	CA	91606-3714		Transaction ID : 500000070 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburs 2020	sement For: Primary General Other (specify) ▶
Full Name of Payee	,	X Memo	Itom	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		X Memo	item	05 26 2020
Mailing Address 11140 Sylvan St				Amount
Oth	04-4-	75-0-1-		
City North Hollywood	State	Zip Code 91606-3714		6.00 Transaction ID : 50000071 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disburs 2020	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• •	0.00
(h) SUPTOTAL of Uniterpized Independent Eventility	***			
(b) SUBTOTAL of Unitemized Independent Expenditu	165		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fi	led1 –	M	M / D D / Y Y Y Y Y
Signature	T	Date	e 07	15 2020

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 125 OF 159 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 01 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 12.00 91606-3714 Transaction ID: 500000074 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 01 06 Mailing Address 11140 Sylvan St Amount 4.00 State Zip Code North Hollywood Transaction ID: 500000075 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 126 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	M M / D D / Y Y Y Y Y
Full Name of Payee		X Memo	Item [Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		Memo	nom -	M M / D D / Y N Y N Y N Y N Y N Y N Y N Y N Y N Y
Mailing Address 11140 Sylvan St			,	Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Fransaction ID : 500000076 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburs 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee	,	∡ Memo	Itom	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		X Memo	item	06 01 2020
Mailing Address 11140 Sylvan St				Amount
		T == -		
City North Hollywood	State	Zip Code 91606-3714		23.00 Transaction ID : 500000077
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , ,	1160.00	Disburs 2020	ement For: ☐ Primary X General Other (specify) ▶
			-	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	rae		. [
(S) GOD TO TAL OF GITHERING MICEOPORTION EXPORTANCE				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fi	led1 -	M = N	/ D
Signature		Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 127 OF 159
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
- Weidas Fodeli				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address				06 03 2020
11140 Sylvan St			Am	nount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		ansaction ID : 50000078 te of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ught: House District:00
TRUMP, DONALD, J., ,		X Oppose	x Pre	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disburser 2020	nent For:
Full Name of Payee		✗ Memo	Item Da	te of Public Distribution/Dissemination
Meiselas, Brett, , ,				06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				
			An	nount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		ansaction ID: 500000079 te of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District: 00
TRUMP, DONALD, J., ,		X Oppose	x Pre	sident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , ,	1160.00	Disburser 2020	nent For:
(a) CURTOTAL of Marriand Index and art Funcadity was				0.00
(a) SUBTOTAL of Itemized Independent Expenditures	i		• _	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	-		· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led] Date	o	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 128 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
WeidasTodon				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item Da	ate of Public Distribution/Dissemination
* Mailing Address 11140 Sylvan St				06 03 2020
THIS SHAMES			Ar	mount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		ransaction ID : 500000080 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ought: House District:00
TRUMP, DONALD, J., ,		Coppose Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disburse 2020	ment For: Primary ✓ General Other (specify) ✓
Full Name of Payee		X Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				mount
				nount
City	State	Zip Code		16.00
North Hollywood	CA	91606-3714	I	ransaction ID : 500000081 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pre	esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburse 2020	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed] Doto	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 129 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	"M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	_	of Public Distribution/Dissemination
* Mailing Address 111140 Sulvan St			— L	06 04 2020
11140 Sylvan St			Amou	nt
City	State	Zip Code		3.00
North Hollywood	CA	91606-3714		saction ID: 500000082 of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
TRUMP, DONALD, J., ,		Coppose Suppose	X Presid	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought		1160.00	2020	Other (specify)
Full Name of Payee		★ Memo	1	of Public Distribution/Dissemination
Meiselas, Brett, , ,			1	06 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				06 04 2020
TTT40 Gyivan Gt			Amou	nt
City	State	Zip Code	— I []	2.00
North Hollywood	CA	91606-3714	Trans	saction ID : 500000083 of Disbursement or Obligation
Purpose of Expenditure		Category/	Date	O DISDUISEMENT OF OBLIGATION
Online Video		Type	_ L	
Name of Federal Candidate:		Support	Office Sough	nt: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Presid	
Calendar Year-To-Date			Disbursemer	nt For: Primary X General
Per Election for Office Sought	7 7	1160.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL lader and out Firm and itures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,			M = M /	D D / Y Y Y Y Y
money, mon, money,	[Electronically Fil	[ed] Date	07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 130 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item Date of	of Public Distribution/Dissemination
* Mailing Address			M	06 / 04 / 2020
11140 Sylvan St			Amour	nt
City	State	Zip Code	─ I :	3.00
North Hollywood	CA	91606-3714		action ID: 50000084 of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	N	/ D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District:00
TRUMP, DONALD, J., ,		X Oppose	✗ Preside	ent Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursemen 2020 O	t For: Primary X General ther (specify) ▶
Full Name of Payee		X Memo		of Public Distribution/Dissemination
Meiselas, Brett, , ,		1		06
Mailing Address 11140 Sylvan St			A	
			Amour	nt
City	State	Zip Code		11.00
North Hollywood	CA	91606-3714		saction ID : 500000085 of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M	M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Preside	ent Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursemen 2020 O	t For: Primary ✗ General ther (specify) ▶
			1	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	[ed]	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	9 07	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 131 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y Y
Full Name of Payee		▼ Memo	Itom [Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		Mellio	item :	06 / 07 / 2020
Mailing Address 11140 Sylvan St			,	Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID : 50000086 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X P	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disburs 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee	,	∡ Memo	Itom [Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		X Memo	item :	06 07 2020
Mailing Address 11140 Sylvan St				Amount
- Cu		7. 0.1		
City North Hollywood	State	Zip Code 91606-3714		2.00 Transaction ID : 500000087 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X P	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , ,	1160.00	Disburs 2020	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [0.00
(b) SUPTOTAL of Unitamized Independent Expanditu	roo		. г	
(b) SUBTOTAL of Unitemized Independent Expenditu	165		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fi	led1 -	M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 132 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
Meiselas, Brett, , ,			Г	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amou	int
City	State	Zip Code		15.00
North Hollywood	CA	91606-3714		saction ID : 500000088 of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	ht: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disbursemen 2020	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amou	int
			Allioc	
City	State	Zip Code	Tron	4.00 saction ID : 500000089
North Hollywood	CA	91606-3714		of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:00
TRUMP, DONALD, J., ,		x Oppose	✗ Presid	ent Senate State: US
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disbursemen	nt For: Primary General
rei Liection foi Office Sought	7		(Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			.	0.00
(L) OUDTOTAL of Heile mined by decrease for a different				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	e 07	15 2020
Signature		Date	, 01	.5 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 133 OF 159
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) MeidasTouch			FE	EC IDENTIFICATION NUMBER ▼
ivieluas i ouci i				C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item Date of F	Public Distribution/Dissemination
Mailing Address			06	30 2020
Mailing Address 11140 Sylvan St			Amount	
City	State	Zip Code		20.00
North Hollywood	CA	91606-3714		tion ID: 500000090 Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M =	M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought:	House District:00
TRUMP, DONALD, J., ,		Coppose Oppose	resident	
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement F	or: Primary X General
Full Name of Payee		★ Memo		Public Distribution/Dissemination
Meiselas, Brett, , ,			M 06	
Mailing Address 11140 Sylvan St				30 2020
,			Amount	
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		tion ID : 500000091 Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M =	
Name of Federal Candidate:		Support	Office Sought:	House District:00
TRUMP, DONALD, J., ,		x Oppose	✗ President	Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disbursement F	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		.	, , , , , , , , ,
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led] Date		15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 134 OF 159 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 06 30 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 2.00 91606-3714 Transaction ID: 500000092 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 30 06 Mailing Address 11140 Sylvan St Amount 27.00 City State Zip Code North Hollywood Transaction ID: 500000093 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date

TEMIZED INDEPENDENT EXPENDITURES			PAGE 135 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MeidasTouch			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		🗶 Memo I	Date of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amount
City	State	Zip Code	6.00
North Hollywood	CA	91606-3714	Transaction ID : 50000094 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disbursement For: ☐ Primary
Full Name of Payee Meiselas, Brett, , , *		🗶 Memo I	Date of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amount
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 50000095 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		>
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Meiselas, Brett, Meiselas, ,	[Electronically File	ed] Date	07 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 136 OF 159 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼				
MeidasTouch				C C00746073				
				C 000740073				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y				
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Date	e of Public Distribution/Dissemination				
* Mailing Address 11110 Sulvan St				06 30 2020				
11140 Sylvan St			Amo	ount				
City	State	Zip Code		25.00				
North Hollywood	CA	91606-3714		nsaction ID: 50000096 e of Disbursement or Obligation				
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y				
Name of Federal Candidate:		Support	Office Sou	ight: House District:00				
TRUMP, DONALD, J., ,		X Oppose	x Pres					
Calendar Year-To-Date			Disbursem	ent For: Primary X General				
Per Election for Office Sought	, , ,	1160.00	2020	Other (specify) ▶				
Full Name of Payee Meiselas, Brett, , ,		 Memo	Item Date	e of Public Distribution/Dissemination				
Mailing Address 11140 Sylvan St			Amo	punt				
City	State	Zip Code		4.00				
North Hollywood	CA	91606-3714		ensaction ID : 500000097 e of Disbursement or Obligation				
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y = Y				
Name of Federal Candidate:		Support	Office Sou	ight: House District: 00				
TRUMP, DONALD, J., ,		x Oppose	X Pres	sident Senate State: US				
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disbursem	ent For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures	ires		• [0.00				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates								
party committee) any political party committee or its	agent.	-						
	[Electronically Fil	ded] Date	e 07	15 2020				
Cianatura								

TEMIZED INDEPENDENT EXPENDITURES				PAGE 137 OF 159
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
Wicidad Fodoli				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		✗ Memo		f Public Distribution/Dissemination
Mailing Address			L	06 30 2020
11140 Sylvan St			Amoun	ıt
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		action ID: 500000098 f Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M	M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	t: House District:00
TRUMP, DONALD, J., ,		X Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disbursement 2020 Ot	For: Primary General cher (specify) ▶
Full Name of Payee		★ Memo	Item Date o	f Public Distribution/Dissemination
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amoun	t
City	State	Zip Code		25.00
North Hollywood	CA	91606-3714		action ID : 50000099 f Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	t: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Preside	nt Senate State: US
Calendar Year-To-Date Per Election for Office Sought	2	1160.00	Disbursement 2020 Ot	For: Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(a) CODITO ME OF HOME DO MADE AND ME				3.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Meiselas, Brett, Meiselas, ,	[Electronically Fil	<i>led]</i> Date	M = M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 138 OF 159 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 06 30 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 4.00 91606-3714 **Transaction ID: 500000100** North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 30 06 Mailing Address 11140 Sylvan St Amount 2.00 City State Zip Code North Hollywood Transaction ID: 500000101 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 139 OF 159 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼				
MeidasTouch								
				C C00746073				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y				
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Date	of Public Distribution/Dissemination				
*				06 / 30 / 2020				
Mailing Address 11140 Sylvan St			Amo	unt				
City	State	Zip Code	$ \Gamma$	12.00				
North Hollywood				Transaction ID : 500000102 Date of Disbursement or Obligation				
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y				
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00				
TRUMP, DONALD, J., ,		x Oppose	✗ Presi					
Calendar Year-To-Date			Disburseme					
Per Election for Office Sought	7	1160.00	2020	Other (specify)				
Full Name of Payee Meiselas, Brett, , ,		∡ Memo	Item Date	of Public Distribution/Dissemination				
Mailing Address 11140 Sylvan St			Amo					
City	State	Zip Code	— r	4.00				
North Hollywood	CA	91606-3714	Tra	nsaction ID : 500000103				
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y				
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00				
TRUMP, DONALD, J., ,		x Oppose	X Presi	dent Senate State: US				
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disburseme	_ , _				
	1 1			Other (specify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	0.00				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [
(c) TOTAL Independent Expenditures			· -					
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized							
Meiselas, Brett, Meiselas, ,	[Electronically Fil	[ed]	e 07	15 2020				
Cianatura	*	_ Date	, 01	2020				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 140 OF 159 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
MeidasTouch							
				C C00746073			
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y			
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination			
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 11140 Sylvan St			An	nount			
City	State	Zip Code	— Г	2.00			
North Hollywood	CA 91606-3714			Transaction ID : 500000104 Date of Disbursement or Obligation			
Purpose of Expenditure Online Video	1	Category/ Type		M M / D D / Y Y Y Y			
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00			
TRUMP, DONALD, J., ,		x Oppose	l	esident Senate State: US			
Calendar Year-To-Date		1160.00	Disburser	ment For: Primary X General			
Per Election for Office Sought	7 7	1100.00	2020	Other (specify) ▶			
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item Da	ate of Public Distribution/Dissemination			
Mailing Address 11140 Sylvan St							
			An	nount			
City	State	Zip Code		15.00			
North Hollywood	CA	91606-3714		ransaction ID: 500000105 ate of Disbursement or Obligation			
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y			
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00			
TRUMP, DONALD, J., ,		x Oppose	X Pre	esident Senate State: US			
Calendar Year-To-Date Per Election for Office Sought	, , , ,	1160.00	Disburser 2020	oursement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			. [0.00			
(a) 00210 M2 of norm200 mooperasiik Experialation	,						
(b) SUBTOTAL of Unitemized Independent Expenditu	res						
(c) TOTAL Independent Expenditures			• •	7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized						
Meiselas, Brett, Meiselas, ,	[Electronically Fil	[ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature		Dat Dat	e 07	15 2020			

TEMIZED INDEPENDENT EXPENDITURE	S		PAGE 141 OF 159
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
MeidasTouch			FEC IDENTIFICATION NUMBER ▼
Weldas Fodoli			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		🗶 Memo I	M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St			06 30 2020 Amount
			Tilloun
City	State	Zip Code	4.00
North Hollywood	CA	91606-3714	Transaction ID: 500000106 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement For: ☐ Primary X General 2020 ☐ Other (specify) ▶
Full Name of Payee Meiselas, Brett, , ,		✗ Memo I	M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St			06 30 2020
·			Amount
City	State	Zip Code	45.00 Transaction ID : 500000107
North Hollywood	CA	91606-3714	Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	▼ President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement For: ☐ Primary X General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		0.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·,
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi party committee) any political party committee or if	date or authorized		
Meiselas, Brett, Meiselas, ,	[Electronically Fil	[ed] Date	07 15 2020
Cianatura	•	_ Date	5, 10 10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 142 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u>'</u>
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
WeidasTodon				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Ar	06 30 2020
			/ "	nount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		ansaction ID : 500000108 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	pught: House District:00
TRUMP, DONALD, J., ,		M Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disburse 2020	ment For:
Full Name of Payee		X Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		weille		M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
Mailing Address 11140 Sylvan St			Ar	nount
	1	T =		
City North Hollywood	State	Zip Code 91606-3714		2.00 ransaction ID : 500000109
Purpose of Expenditure Online Video		Category/		ate of Disbursement or Obligation
		Туре		
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , ,	1160.00	Disburse 2020	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures				
(9) TO TAL INDOPORTION Exponditures				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	M = M	15 2020

TEMIZED INDEPENDENT EXPENDITURES					PAGE 14	3 OF 159 24 OF FORM 3X
NAME OF COMMITTEE (In Full)						
MeidasTouch				FEC I	DENTIFICAT	ION NUMBER ▼
Moldad Fouch				C	C00746073	3
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	D D /	Y Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Dat	e of Publi	c Distribution	/Dissemination
* Mailing Address 11140 Sylvan St				06	30	2020
Tital Cynain Ct			Am	ount		
City	State	Zip Code				25.00
North Hollywood	CA	91606-3714			ID: 5000001 ursement or	
Purpose of Expenditure Online Video		Category/ Type		M = M	/ D D	Y
Name of Federal Candidate:		Support	Office Sou	iaht.	House	District:00
TRUMP, DONALD, J., ,		x Oppose	X Pres		Senate	State: US
Calendar Year-To-Date			Disbursem	ent For:	Primar	
Per Election for Office Sought		1160.00	2020	Other (s		, <u> </u>
Full Name of Payee		★ Memo	Item Dat	e of Publi	c Distribution	/Dissemination
Meiselas, Brett, , ,				M M M	/ 30	2020
Mailing Address 11140 Sylvan St			Am	ount		
City	State	Zip Code	$ \Gamma$			4.00
North Hollywood	CA	91606-3714		ansaction	ID: 500000° ursement or	
Purpose of Expenditure Online Video		Category/ Type		M = M		Y
Name of Federal Candidate:		Support	Office Sou	ıght:	House	District:00
TRUMP, DONALD, J., ,		x Oppose	X Pres	sident	Senate	State: US
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disbursem		Primar	y X General
To Estimate State	7 7			Other (s	pecify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			. \Box			0.00
(a) 202 : 0 : 12 : 10 : 12 : 10 : 12 : 10 : 12 : 12				7		3.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	M M M	/ D D D		20
0: 1		Date	9 07	15	20	۷۷

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 144 OF 159 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 06 30 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 2.00 91606-3714 Transaction ID: 500000112 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 30 06 Mailing Address 11140 Sylvan St Amount 2.00 City State Zip Code North Hollywood Transaction ID: 500000113 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 145 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amo	ount
City	State	Zip Code		16.00
North Hollywood	CA	91606-3714		nsaction ID : 500000114 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		✗ Oppose	x Presi	
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disburseme	
Full Name of Payee		✗ Memo	1	Other (specify) ▶e of Public Distribution/Dissemination
Meiselas, Brett, , ,		∡ iviemo	item Date	M M / D D / Y Y Y
Mailing Address 11140 Sylvan St				06 30 2020
TTT40 Sylvan St			Amo	punt
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714	I	nsaction ID: 500000115 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Presi	ident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·	
(c) TOTAL Independent Expenditures			· • [7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	[ed]	M = M	15 2020
Signature		_ Date	e 07	13 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 146 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		Memo	ROIII	06 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		25.00
North Hollywood	CA	91606-3714		Transaction ID : 500000116 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburs 2020	sement For: Primary X General Other (specify) ▶
Full Name of Payee	,	∡ Memo	Itom	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		A Weillo	item	06 30 2020
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID : 500000117 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disburs 2020	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• ▶	0.00
(h) SUPTOTAL of Uniterprised Independent Evennditus	***			
(b) SUBTOTAL of Unitemized Independent Expenditu	165			7 7 1 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fi	led1 –	M	M / D D / Y Y Y Y Y
Signature		Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 147 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee		▼ Memo	Itom	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		M IVIEITIO	item	06 30 2020
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID : 500000118 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	×	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disbu 2020	rsement For: Primary
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y 3020
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		12.00
North Hollywood	CA	91606-3714		Transaction ID : 500000119 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	x	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disbu 2020	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	'ed1 -	M	M / D D / Y Y Y Y
Signature	The first t	_ Date	e 07	7 15 2020

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brétt, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				
				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID: 50000120 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	e Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	x	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , , ,	1160.00	Disbu 2020	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee		★ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				06 30 2020
TTT-G Cylvan Ct				Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID : 500000121 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/	\neg	M M / D D / Y Y Y Y
Offilite video		Type		
Name of Federal Candidate:		Support	Office	e Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	×	President Senate State: US
Calendar Year-To-Date		1160.00	1	rsement For: Primary 🕱 General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(h) CURTOTAL of Unitersized Independent Everyditure	••			
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y
Signature	Jiwaniy 1 W	Date	e 0	7 15 2020

TEMIZED INDEFENDENT EXPENDITORES			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MeidasTouch			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee Meiselas, Brett, , ,		 Memo	Item Date of Public Distribution/Dissemination
* Mailing Address 11140 Sylvan St			06 30 2020
			Amount
City	State	Zip Code	45.00
North Hollywood	CA	91606-3714	Transaction ID: 500000122 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		X Oppose	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee		✗ Memo	Item Date of Public Distribution/Dissemination
Meiselas, Brett, , ,			06 30 / Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			
,			Amount
City	State	Zip Code	4.00
North Hollywood	CA	91606-3714	Transaction ID : 500000123 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTUTAL of itemized independent experiatures	·		0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•	· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	ed] Date	e 07 15 2020
Signature		_ Date	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 150 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MeidasTouch			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on
Full Name of Payee Meiselas, Brett, , ,		X Memo I	Date of Public Distribution/Dissemination 06 06 07 08 08 08 08 08 08 08 08 08
Mailing Address 11140 Sylvan St			Amount
City	State	Zip Code	2.00
North Hollywood	CA	91606-3714	Transaction ID : 500000124 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		▼ Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disbursement For: ☐ Primary X General 2020 ☐ Other (specify) ▶
Full Name of Payee Meiselas, Brett, , , *		🗶 Memo I	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 30 / Y 2020
Mailing Address 11140 Sylvan St			Amount
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 500000125 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1160.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	i		0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Meiselas, Brett, Meiselas, ,	[Electronically File	ed] Date	07 15 2020

TEMIZED INDEFENDENT EXPENDITORE	3			PAGE 151 OF 159
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
incluas i oucii				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Da	te of Public Distribution/Dissemination
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			An	nount
City	State	Zip Code	— F	4.00
North Hollywood	CA	91606-3714		ansaction ID : 500000126 te of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District: 00
TRUMP, DONALD, J., ,		M Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disburser 2020	ment For:
Full Name of Payee		✗ Memo	Item Da	te of Public Distribution/Dissemination
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			An	nount
		T 0 1	— г	200
City North Hollywood	State	Zip Code 91606-3714		2.00 ransaction ID : 500000127
Purpose of Expenditure			Da	te of Disbursement or Obligation
Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:00
TRUMP, DONALD, J., ,		X Oppose		sident Senate State: US
Calendar Year-To-Date		1160.00	Disburser	ment For: Primary 🗶 General
Per Election for Office Sought	7 7	1100.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			0.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized	•		•
Meiselas, Brett, Meiselas, ,	[Electronically File	ed] Date	e 07	15 2020
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 152 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
WeidasTodon				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Δr	06 30 2020 mount
			1,4	iodik
City	State	Zip Code		12.00
North Hollywood	CA	91606-3714		ransaction ID : 500000128 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
TRUMP, DONALD, J., ,		M Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disburse 2020	ment For:
Full Name of Payee		X Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		weille		M M / D D / Y Y Y Y Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y
Mailing Address 11140 Sylvan St			Ar	mount
	T-	T =	— г	
City North Hollywood	State	Zip Code 91606-3714		4.00 ransaction ID : 500000129
Purpose of Expenditure		Category/	Da	ate of Disbursement or Obligation
Online Video		Type		
Name of Federal Candidate:		Support	Office So	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pre	esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	5 1 1 5	1160.00	Disburse 2020	ment For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			. г	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	M = M	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 153 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	M M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	tem Date	e of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amo	
City	State	Zip Code	<u> —</u> Г	2.00
North Hollywood	CA	91606-3714		nsaction ID : 500000130 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		M Oppose		ident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, ,	1160.00	Disbursem 2020	ent For:
Full Name of Payee Meiselas, Brett, , ,		⋉ Memo	tem Date	e of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amo	
City	State	Zip Code		11.00
North Hollywood	CA	91606-3714		unsaction ID : 500000131 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, , ,	1160.00	Disbursem 2020	ent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		• C	0.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	nt expenditures te or authorized	reported herein were		•
party committee) any pontion party committee or no	agom.			
Meiselas, Brett, Meiselas, ,	Electronically File	ed] Date	07	15 2020

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE 154 OF 159 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 06 30 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 4.00 91606-3714 Transaction ID: 500000132 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 30 06 Mailing Address 11140 Sylvan St Amount 2.00 City State Zip Code North Hollywood Transaction ID: 500000133 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 1160.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 155 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
MeidasTouch				FEC IDENTIFICATION NUMBER ▼
WeidasTodoff				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Meiselas, Brett, , ,		X Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St				06 30 2020
			Ar	mount
City	State	Zip Code		20.00
North Hollywood	CA	91606-3714	I	ransaction ID : 500000134 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office So	ought: House District:00
TRUMP, DONALD, J., ,		X Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	TILL	1160.00	Disburse 2020	ment For: Primary
Full Name of Payee		★ Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Ar	mount
0"		7. 0. 1		4.00
City North Hollywood	State	Zip Code 91606-3714		4.00 Transaction ID : 500000135
Purpose of Expenditure Online Video	<u> </u>	Category/		ate of Disbursement or Obligation
Name of Federal Candidate:		Support	Office So	pught: House District: 00
TRUMP, DONALD, J., ,				
11.001, 2017.12, 0., ,		X Oppose	X Pre	esiderit Seriale State.
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1160.00	Disburse 2020	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed] Doto	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES					OF 159
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
MeidasTouch					NUMBER V
				C C00746073	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y	YYYY
Full Name of Payee		✗ Memo	Item Da	e of Public Distribution/Dis	semination
Meiselas, Brett, , ,				06 / 00 / Y	2020
Mailing Address 11140 Sylvan St					2020
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Am	ount	
City	State	Zip Code			2.00
North Hollywood	CA	91606-3714		nsaction ID : 500000136 e of Disbursement or Obli	ration
Purpose of Expenditure Online Video		Category/ Type			y y y
Name of Federal Candidate:		Support	Office So	ught: House Dis	trict: 00
TRUMP, DONALD, J., ,		X Oppose	X Pre		tate: US
Colordon Voca To Data		<u></u>	Disburser		✗ General
Calendar Year-To-Date Per Election for Office Sought		1160.00	2020	Other (specify) ▶	General
Full Name of Payee		X Memo	Itom Da	e of Public Distribution/Dis	semination
Meiselas, Brett, , ,		A Memo	item 50	M M / D D / Y	Y Y Y
* Mailing Address				06 30	2020
11140 Sylvan St			An	ount	
City	State	Zip Code	L	17 50000107	12.00
North Hollywood	CA	91606-3714		ansaction ID : 500000137 e of Disbursement or Obliq	gation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y	YYYY
Name of Federal Candidate:		Support	Office So	ught: House Dis	trict· 00
TRUMP, DONALD, J., ,		X Oppose			trict:00 tate:US
		A Oppose	\vdash		iale.
Calendar Year-To-Date Per Election for Office Sought	, ,	1160.00	Disburser 2020	nent For: Primary Other (specify) ▶	✗ General
(a) SUBTOTAL of Itemized Independent Expenditures	;		[0.00
				7	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1 –	M = M	15 2020	Υ
		Date	e 07	15 2020	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 157 OF 159 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Meiselas, Brett, , ,		🗶 Memo	M	F Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amoun	لىنىيا لىيا لى
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		action ID: 500000138 f Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	М	M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	: House District:00
TRUMP, DONALD, J., ,		▼ Oppose	* Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement 2020 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Meiselas, Brett, , , *		X Memo	M	F Public Distribution/Dissemination
Mailing Address 11140 Sylvan St			Amoun	
City North Hollywood	State	Zip Code 91606-3714		2.00 action ID : 500000139 f Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M	M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	: House District:00
TRUMP, DONALD, J., ,		x Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1160.00	Disbursement 2020 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fil	ded] Date	07 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITORES				PAGE 158 OF 159 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
MeidasTouch				C C00746073		
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee		▼ Memo	Item	Date of Public Distribution/Dissemination		
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 11140 Sylvan St				Amount		
City	State	Zip Code		13.00		
North Hollywood	CA	·		Transaction ID : 500000140 Date of Disbursement or Obligation		
Purpose of Expenditure Online Video		Category/ Type		Man / Dad / Yayayay		
Name of Federal Candidate:		Support	Office	Sought: House District: 00		
TRUMP, DONALD, J., ,		X Oppose		President Senate State: US		
Calendar Year-To-Date Per Election for Office Sought	, ,	1160.00	Disburs 2020	sement For: Primary General Other (specify) ▶		
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination		
Meiselas, Brett, , ,				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 11140 Sylvan St				Amount		
Ou.		7: 0 !		4.00		
City North Hollywood	State Zip Code CA 91606-3714			Transaction ID : 500000141		
Purpose of Expenditure		Category/	$\overline{}$	Date of Disbursement or Obligation		
Online Video		Type	4			
Name of Federal Candidate:		Support	Office	Sought: House District: 00		
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US		
Calendar Year-To-Date Per Election for Office Sought	7	1160.00	Disburs 2020	sement For:		
•						
(a) SUBTOTAL of Itemized Independent Expenditures			. •	0.00		
(h) CURTOTAL of United sized Index and art Fun and its united sized						
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
(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.						
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	M = 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		Date	e 07	13 2020		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 159 OF 159 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
MeidasTouch				C C00746073		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	W = M / D = D / Y = Y = Y		
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination		
Meiselas, Brett, , ,			[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 11140 Sylvan St			Amo	unt		
City	State	Zip Code		2.00		
North Hollywood	CA	91606-3714		saction ID : 500000142 of Disbursement or Obligation		
Purpose of Expenditure Online Video Category/ Type				M = M / D = D / Y = Y = Y		
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00		
TRUMP, DONALD, J., ,		× Oppose	✗ Presid	dent Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		1160.00	Disburseme			
Full Name of Payee		Memo	1 _	Other (specify) ▶ of Public Distribution/Dissemination		
Tull Name of Fayee		□ Iviemo		M M / D D / Y Y Y Y		
Mailing Address			L			
			Amo	unt		
City	State	Zip Code				
			Date	of Disbursement or Obligation		
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y		
Name of Federal Candidate:		Support	Office Soug	ht: House District:		
		Oppose	Presid	dent Senate State:		
Calendar Year-To-Date			Disburseme	ent For: Primary General		
Per Election for Office Sought	7 7			Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			, F.	0.00		
(c) TOTAL Independent Expenditures			•	0.00		
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.						
Meiselas, Brett, Meiselas, ,	Electronically Fil	led]	M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		Date	9 07	15 2020		